■ Pharmacy partnerships affect your practice...page 21

January 1997

OHIO Medicine

A Publication of the Ohio State Medical Association

Deadline looms for choosing an MCO

■ *Physicians, like other employers, have until Feb. 15 to select a managed-care organization for their practices.*

Physicians are among the 310,000 businesses in Ohio required by the state's Bureau of Workers' Compensation (BWC) to select a managed-care organization (MCO) through which your employees will receive care in case of a work-related injury.

The requirement is part of the BWC's Health Partnership Program (HPP), the state's move to shift injured workers into a managed-care setting. As an employer, you have until Feb. 15, 1997 to select an MCO for your practice. **If you fail to do so by that date, the BWC will assign you to an MCO.**

The bureau has distributed a book to all employers about the HPP, as well as information about making an MCO selection. Last month, the BWC held business training sessions for employers throughout the state to further explain the HPP and how it will operate.

The Ohio State Medical Association can't make specific recommendations on which MCOs to select. However, the association has prepared and sent to all OSMA members, as well as office practice managers and administrators, a report on the BWC Health Partnership Program, and information to assist you in your HPP decisions – not just in your role as an employer, but also as a health-care provider.

Read the information sent to you by the BWC and the OSMA, then make your informed decision. Just be sure you decide before the Feb. 15 deadline. ■

Claims review available

■ *Physicians can get an analysis of their billing habits through a new member benefit.*

With an appreciation of the importance of accurate coding, the OSMA is marketing a new service to OSMA members that will give physicians access to a certified coding expert. The service is meant to give physicians the opportunity to fine-tune their billing practices and to correct any inac-

See **REVIEW** *page 3*

Inside

■ **INSURANCE BILL CHANGES IN '97:** Insurance regulators respond to OSMA suggestions for change in the Managed-Care Uniform Licensure Act. **4**

■ **PROBLEM PRESCRIBERS:** Here's how Medicaid's drug-utilization department determines problem prescribing patterns. **6**

■ **MARIJUANA LOOPHOLE UNCOVERED:** Physicians who recommend this drug's use could risk losing their medical license. **9**

■ **HOME HEALTH CARE NEEDS WORK:** A Warren internist says abuse is rampant in the home health-care industry. **14**

■ **FOOT/ANKLE JOINT SURGERY RULES:** The state medical board says podiatrists may perform surgery on foot and ankle joints if they're qualified. **17**

Managed care, allied professionals and the Managed-Care Uniform Licensure Act will be familiar subjects at the Statehouse this year.

Association sets new legislative priorities

■ *Allied practitioners, insurance reform returns to the list; public health is added as a new area of interest.*

The Ohio State Medical Association has set its legislative priorities for 1997. Members of the OSMA's Committee on State Legislation have chosen the following areas on which to focus this year (the priorities were adopted by the OSMA Council in November):

INSURANCE/MARKET REFORM

The Managed-Care Uniform Licensure Act (MCULA), introduced last year by the Ohio Department of Insurance, will be back this year and the OSMA will continue to monitor its progress through the state Legislature. Among those items the OSMA will attempt to incorporate into a final bill are: Solvency standards that vary according to the number of covered lives; assets that count toward solvency standards; and supplemental carve-outs.

In addition to MCULA, the 1997 Legislature is also likely to take another look at the current ban on the corporate practice of medicine. Opponents of the ban say it is hindering some managed-care arrangements. The OSMA Council recently voted to withdraw its opposition to lifting the ban, in favor of pursuing some assurance of clinical input into corporate medicine.

MANAGED CARE

The OSMA will spend some of its resources monitoring bills that affect managed-care quality issues, patient access, physician contracting, reimbursement and information provided to patients. In addition, the OSMA will present its own legislation, the Managed-Care Fairness Act, which has emerged from a special OSMA task force on this subject.

ALLIED PRACTITIONERS/SCOPE OF PRACTICE

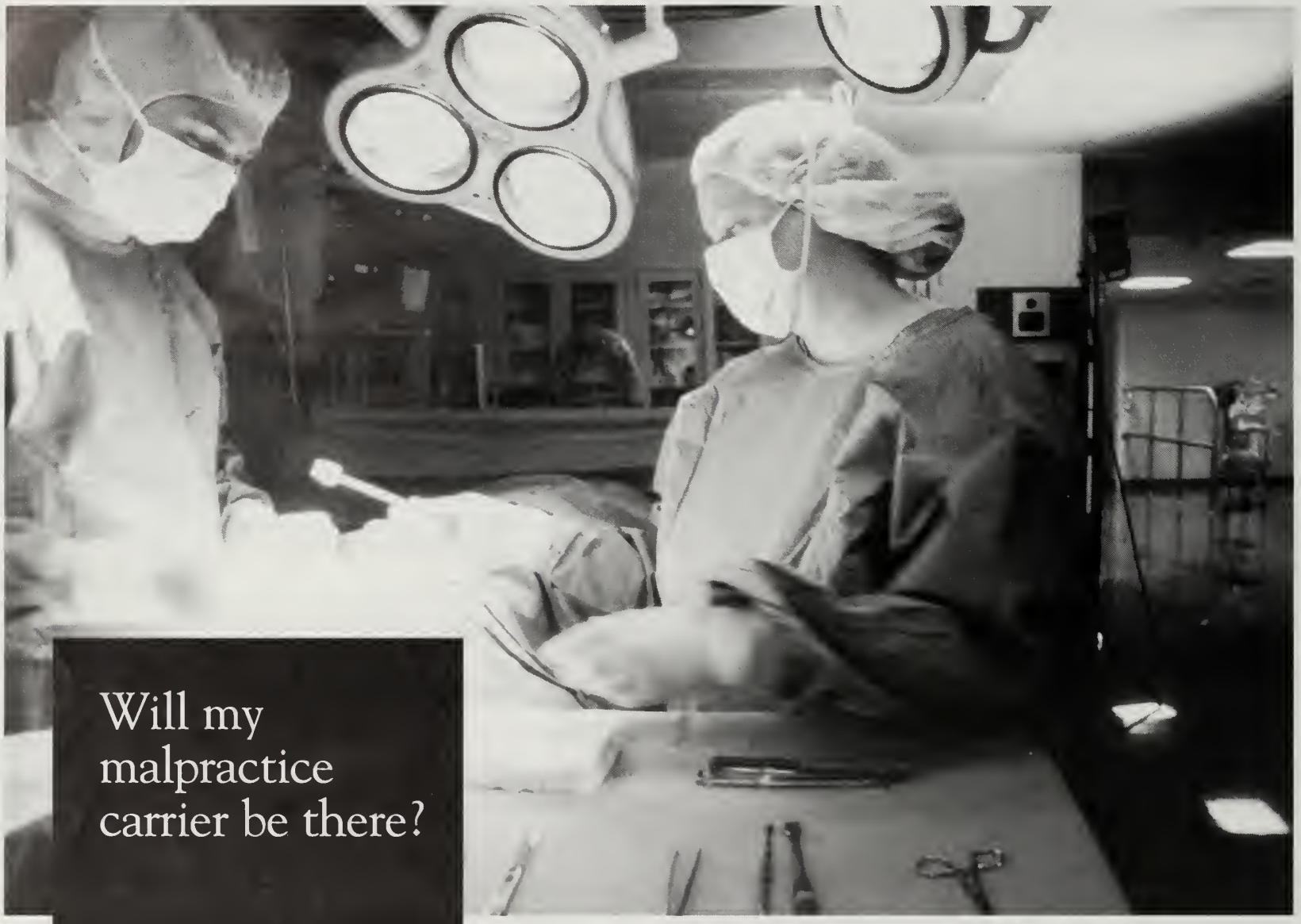
Various paraprofessionals are expected to introduce bills this year that will expand their scopes of practice. Specifically, the OSMA expects to see the advanced practice nurses return to the Statehouse for prescriptive authority. Also seeking prescriptive authority will be pharmacists and psychologists. Optometrists may introduce a bill that allows them to perform laser surgery.

HEALTH-CARE FACILITIES/SERVICES

The OSMA will continue to mon-

See **PRIORITY** *page 3*

Freedom From Fear



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PRIORITY...*from page 1*

itor the Ohio Department of Health's proposed quality rules on deregulated services and facilities, including rules that will define perinatal classifications. Along those lines, the OSMA expects to see new legislation that will establish trauma regions around the state. Although this is currently done voluntarily, the bill would establish these regions in statute. Also included in this category: clinical lab licensure bills and telemedicine.

PUBLIC HEALTH

The OSMA Council has already authorized the formation of a new Public Health committee, which is expected to provide input into some pressing public health concerns. These include: regulation of smoking; mandatory bicycle helmet use for minors; DNR orders; and the pain-control issue.

What You Can Do: If you have questions about any of the OSMA's new legislative priorities, contact Tim Maglione, director, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 220. ■

For information on what legislation specialty groups will work on this year, see page 10.

REVIEW...*from page 1*

curacies.

"If a carrier audits a physician and finds discrepancies between the level of service coded and the documentation to support that service, penalties could be assessed," says Bill Fry, director of the OSMA's Ombudsman Services. "This new service allows physicians to see upfront whether the level of service provided accurately reflects the bill that's submitted."

The review, however, isn't necessarily soley preventive. "In some cases," Fry says, "physicians could actually be undercoding their claims and cheating themselves out of appropriate reimbursement. An in-depth assessment of their records can show them how to more accurately code claims."

HIGH RESPONSE EXPECTED

The OSMA reviewed the medical records of two group practices to gauge the need for such a service, and it was very well-received, Fry says. "We expect that once the general membership is made aware of this service, it will be in great demand."

Physicians who take advantage of the service will be asked to submit copies of five medical records, which will then be analyzed by Jillian Phillips, the Ombudsman staff coding specialist. Phillips recently became accredited as a certified procedural coder by the American Academy of Procedural Coders.

"Those records will be reviewed for accuracy, and a written report detailing any discrepancies – as well as suggestions for more accurate coding – will be sent to the physician," Fry says. "Physicians who use the service may also opt to have the staff coding specialist actually visit their office to provide a more detailed assessment of their billing practice and to answer questions."

While fees for the service have not yet been determined, Fry says that an in-house visit by the Ombudsman coding expert will probably cost more than a written assessment. *OHIO Medicine* will provide more details as they become available.

What You Can Do: If you are interested in having your medical records reviewed for accurate billing, contact the OSMA Ombudsman at 1-(800) 766-6762. ■

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Late-Breaking News...

Agreement reached on ob/newborn rules

The Ohio Department of Health has once again filed quality rules dealing with obstetric and newborn care, only this time the proposals have the OK from the Ohio Hospital Association (OHA) and Sen. Karen Gillmor (R-Old Fort). The OHA had been critical of an earlier version of the rules that would have prohibited Level I maternity units from treating selected complicated patients. The OHA said the rules were too restrictive for its member hospitals and would have forced pregnant patients to travel long distances to deliver their infants. Sen. Gillmor, on the other hand, was concerned that the rules would have allowed Level I hospitals to determine for themselves which complicated cases they would handle. The new rules, which must still be approved by the Joint Committee on Agency Rule Review, would require hospitals to specify the kinds of complicated deliveries it could handle, and ones that would need to be transferred to better-equipped facilities. The rules also call for a definition of "complicated cases" and "high-risk cases" in the transfer agreements between Level I and Level II hospitals, and between Level II and Level III hospitals.

ODH encourages prenatal HIV testing, counseling

The Ohio Department of Health (ODH) has released guidelines encouraging physicians and other health-care professionals to offer HIV counseling and voluntary testing to all pregnant women. The ODH estimates that 314 HIV-positive women in Ohio gave birth between 1992 and 1994. Between 20% and 30% of these mothers probably passed HIV to their infants. The ODH guidelines complement those recently released by the U.S. Centers for Disease Control and Prevention and OSMA policy on the subject. In 1995, the Ohio State Medical Association adopted Amended Resolution 26-95, which calls for the OSMA to recommend routine HIV counseling and testing on pregnant women as part of prenatal care. For more information or for a copy of the guidelines, contact Jan O'Daniel at the OSMA, 1-(800) 766-6762, Ext. 224.

Town meetings coming to your area

Clear your calendars now for the town meeting nearest you. OSMA President John F. Kroner, MD, and President-Elect Su-Pa Kang, MD, want to hear your suggestions. The meetings will be held Feb. 6, Sawmill Creek Resort, Sandusky; Feb. 13, Holiday Inn MetroPlex, Youngstown; Feb. 20, Lafayette Inn, Marietta; Feb. 26, The Party House, Marion; and March 6, Holiday Inn I-675, Fairborn. To register, contact the OSMA's Division of Membership Services at 1-(800) 766-6762.

Licensure act still sets reserves at $1 million

■ *Despite a request to change, regulators won't let amount vary.*

Late last year, the Ohio Department of Insurance (ODI) responded to changes recommended by the Ohio State Medical Association regarding the department's Managed-Care Uniform Licensure Act (MCULA). Here are the ODI's responses:

OSMA Suggests: Allowing medical equipment to count as no more than 30% of admitted assets.

ODI Responds: Current language in MCULA allows for medical equipment and other similar assets to equal no more than 10% of admitted assets. Our Financial Regulation Division found the increase to 30% to be unacceptable. The department is willing to allow the cost of furniture, equipment and medical equipment to be counted at not more than 15% of admitted assets, depreciated over five years.

OSMA Suggests: Increasing the allowable age of accounts receivable to 90 days minimum.

ODI Responds: MCULA provisions now set a limit of 60 days on the age of accounts receivable, which can be counted as an admitted asset. The ODI has increased the allowable age to 90 days, as per the OSMA's request.

OSMA Suggests: Valuing real estate based on a fair market assessment.

ODI Responds: As now written, MCULA calls for real estate to be valued at original cost, plus cost of improvements, less encumbrances and accumulated depreciation. Despite the OSMA report, the department remains concerned that fair market value is rarely achievable in a liquidation situation, and will allow the current language to remain in the bill.

The ODI also reviewed the report prepared by the actuarial firm Reden & Anders Ltd. on behalf of the OSMA. With regard to that report, the department submits the following:

OSMA Suggests: Varying minimum reserve levels based on the number of covered lives insured by the plan.

ODI Responds: MCULA sets forth a minimum capital requirement ($1 million) for all managed-care organizations as a condition of licensure. The department still believes that setting the same minimum for all plans is necessary. Based on basic insurance principles, including the spread of risk, it does not follow that a plan with fewer covered lives should have less stringent financial requirements. The department believes such an approach would seriously jeopardize the solvency of health plans MCULA is trying to impact.

OSMA Suggests: Reducing required surplus levels based on adequate reinsurance.

ODI Responds: The department is willing to insert language that allows credit for reinsurance. That amount, however, is not to impact the minimum reserve liability floors set forth in the bill.

OSMA Suggests: Reducing the required surplus levels, based on the use of managed-care techniques designed to reduce risk.

ODI Responds: The department is aware of efforts to study this issue. Because such studies are incomplete, the department does not recommend inserting this recommendation into MCULA.

What You Can Do: If you have questions about MCULA, contact Nick Lashutka, associate director, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 226. ■

Insurance director explains department's responses

It's the department's mission to protect the interests of Ohio consumers. The first priority in consumer protection is maintaining solvent entities for consumers to contract with. A classic problem in business – undercapitalization – can be deadly when it occurs with health-care plans. Losses can accrue quickly. Deposit and net-worth requirements can provide the time needed to rehabilitate a plan.

The bill requires Health Insuring Corporations (HICs) to maintain admitted assets of at least 110% of its liabilities. The assertion that minimum thresholds should be lower for HICs with fewer covered lives isn't logical when dealing with the business of insurance, which operates on a theory of risk-spreading. The solvency requirements in the bill take into account the differing levels of health-care services that may be offered by HICs while maintaining minimum thresholds at levels that protect solvency.

There has been concern that the proposed minimums would be a barrier to provider-based health organizations entering the marketplace. Presently, nine provider-based HMOs operate in Ohio. Each HMO has met the current net-worth requirement of $1.2 million and the deposit requirement of $250,000. It's safe to assume that, with the proposed legislation allowing for lower solvency requirements in certain situations, more provider-based managed-care organizations will enter the market.

The department has compromised and agreed to alter current methods of calculating net worth (i.e., HICs may count furniture, equipment and medical equipment as a greater percentage of their admitted assets). The department has agreed to allow HICs to count older accounts receivable as an admitted asset. These compromises in the area of solvency are significant because we must consider the cash value of all of an HIC's admitted assets in a liquidation. Equipment and furniture doesn't resell well, and the older that accounts receivable become, the more tenuous their value.

Additionally, the department has agreed to allow credit for reinsurance. The solvency requirements currently in the bill take into account reinsurance, but we are willing to allow what amounts to a second credit. The minimum thresholds would stay intact, but the requirement that an HIC maintain total admitted assets equal to at least 110% of the liabilities of the corporation would take reinsurance into account. ■

David Randall is deputy director of the Ohio Department of Insurance.

OSMA first to gather info on physician networks

■ Members are expected to benefit from the resulting database.

A lack of information on physician networks in the state has led the OSMA to develop a survey that seeks statistical and strategic data related to the formation and operation of such organizations.

Interest in the project has largely been driven by physician requests for data on physician networks, says Annette Shively, a legal assistant in the OSMA's Division of Legal Affairs. "A number of physicians have called and asked how physician networks are developed, what the legal implications are and what resources are needed. But no clearinghouse for this type of information currently exists, so the OSMA decided to develop its own database."

DEFINITION OF NETWORK BROAD

Because there is no specific definition of a physician-sponsored network, the OSMA intends to target any organization that was put together by a group of physicians wishing to achieve marketplace efficiencies in their medical practices. Information requested in the survey – which is not expected to be published but will be available to OSMA members – includes:

- The legal structure of the network (for-profit, joint venture, limited partnership, etc.).
- Number of physician participants and the percent that are board-certified.
- Whether or not the network contracts with nonparticipating physicians.
- The financial contributions required of participating physicians.

While the survey is still being developed, it's expected to be completed by February or March, says Nick Zerbi, OSMA legal intern. "Our next step is to pass the survey by physicians who initially expressed an interest in such information to see if it gathers the data they need. Once that's done, we'll be making the survey available to any interested physician network."

What You Can Do: If you are a member of a physician network and would like to participate in the OSMA's survey, contact Annette Shively at 1-(800) 766-6762, Ext. 127 or complete the form below and mail or fax to the OSMA. ■

Yes, I am interested in participating in the OSMA's Physician Network Survey.

Name of organization: _____

Physician contact: _____

Phone/fax number: _____

Best time to call: _____

Please clip and mail to the OSMA, Division of Legal Affairs, 1500 Lake Shore Drive, Columbus, OH 43204-3891 or fax to (614) 486-3130.

Political slate narrowed

Prior to the Ohio State Medical Association's Committee on Legislation meeting, the OSMA's survey group, composed of nearly 400 members from around the state, was asked which issues should be included in its 1997 legislative priority list. Here are their responses (not all responses are listed under each category, and those that are printed are placed in priority order):

MANAGED-CARE FAIRNESS

- Make plans liable for harm to enrollees caused by care deemed "not medically necessary."
- Establish a process that a managed-care plan must follow prior to termination to allow a physician to correct problems identified by the plan.
- Increase the plan's responsibility for informing patients about the limits of their coverage.
- Mandate that a point-of-service option be offered (i.e., give patients the right to choose to pay more and utilize physicians who are not members of their plan).
- Mandate that all plans contract with any physician or other allied health-care practitioner (such as chiropractors and podiatrists) who are willing to accept the plan's reimbursement level and follow other plan rules (also known as any willing provider).

OVERALL LEGISLATIVE PRIORITIES

- Limit the expanding scopes of practices of allied practitioners.
- Protect physicians' ability to form physician-sponsored networks (the Ohio Department of Insurance legislation).
- Clarify physicians' legal ability to treat patients with intractable pain.
- Seek parity of coverage for mental health problems with that of physical health problems.
- Help protect funding for medical graduate and postgraduate education programs.
- Make public health issues a priority.

Problem prescribers send up red flags

■ *The state reviews your Medicaid prescriptions each month. Here's what they're looking for.*

Three years ago, the Ohio Department of Human Services was mandated by federal law (OBRA '90) to monitor outpatient prescriptions provided to Medicaid patients. The task fell to the Drug-Utilization Review (DUR) unit, housed in the Surveillance Utilization Review (SUR) section. The DUR program must provide educational programs and include: prospective drug use review, retrospective drug use review, and the application of criteria and guidelines.

Presented here is a brief summary of the program, provided by Melanie Irwin, who supervises the DUR program, and Sue Marks, who works in the unit and focuses on prescribing physician review. They explain how they receive their information; what they do with it; the types of prescribing behavior that's likely to raise a red flag; and what they do if a problem prescribing pattern is noted.

Q: Where do you get your information from?

A: Directly from claim forms submitted by physicians, pharmacies, hospitals and other providers. The DUR program sends this data, stored in the department's information system, to an outside source that builds and maintains a history for each client.

Q: What information is extracted from these histories for review?

A: The name of the drug prescribed, the strength and quantity ordered, and the prescribing physician and dispensing pharmacy's Medicaid identification number, as well as ICD-9 and CPT coding information.

Q: What do you look for when screening histories?

A: Often focusing on a specific drug class, profiles are screened for drug-utilization concerns, using about 300 criteria developed by the department and the DUR board. (The DUR board is composed of four physicians, four pharmacists and Irwin.)

Q: Could you name several red flags that might attract your attention?

A: Patient histories are screened for the following: Drug-drug interactions; overutilization; underutilization; length of therapy; duplicate therapy; and drug/disease contraindications.

Q: Don't you also profile providers?

A: Yes, the staff also scans a subsystem that maintains provider information (i.e., physician, pharmacy) on a quarterly basis. Again, a profile is developed and maintained, but the review is strictly internal. Each physician is categorized according to their practice specialty.

Q: What type of information do you keep on providers?

A: The department's utilization-review system computes a statewide average of billing activity for all individuals within their practice specialty. This average becomes a baseline for comparison of their practice with their peers. The information compared includes: the number of Medicaid clients seen; prescribing activity; and the number of office visits billed. These statistical analyses readily identify physicians who exceed prescribing patterns for controlled substances.

Q: What happens if you note a discrepancy?

A: If a discrepancy is noted in any of these areas, or a provider's profile seems out of line with the statewide average, the unit is likely to send the physician a letter that notes the problem. The physician receives a response form on which to offer information pertinent to the review or he/she might be asked to provide a more in-depth response in addition to a copy of the patient's medical records. If the response is insufficient and additional concerns exist, the matter may be referred to the state medical and/or pharmacy board.

Q: Do you ever report providers to the state attorney general?

A: If blatant abuse of drugs or suspected fraud is noted, the department is required by law to report that information to the state attorney general's office.

Q: Describe some common prescribing problems.

A: The most common problems noted by the unit are long-term use of medications that are indicated for short-term use (i.e., sedatives or H2 antagonists in acute dosages) and overutilization of other prescriptive products, including Soma, inhalers for asthma sufferers and analgesics.

Another common problem is the lack of good recordkeeping. Because prescriptions (and refills) are not accurately documented, some physicians authorize the same drug in excess, due to concurrent refills running at several pharmacies.

Q: Are there guidelines providers can use when prescribing?

A: The DUR board is currently preparing guidelines for certain pain situations. Guidelines for low-back pain are nearly complete. Other topics will follow. Guidelines for the treatment of congestive heart failure and adult asthma have already been issued by the department.

What You Can Do: If you have questions or need more information about the policies or procedures of the Ohio Department of Human Services' Drug-Utilization Review unit, or to obtain a copy of their guidelines for the treatment of congestive heart failure and adult asthma, call (614) 466-9689. ■

Advice from reviewers

Melanie Irwin and Sue Marks of the Ohio Department of Human Services' Drug-Utilization Review unit say the best advice they can give physicians is:

- Prescribe only what is medically necessary.
- Carefully monitor and document your prescriptions (especially refills).
- Set limits and expectations for your patients. If your course of treatment includes physical therapy, for example, in addition to medication, be sure your patient is complying with both aspects.
- Be alert to multiple excuses used by some patients to obtain more or specific types of drugs. If the patient says he or she has lost the medication or prescription, or can't take a certain drug, be aware that this may be a ruse.
- If the length of therapy exceeds what is considered safe by the manufacturer, document why the extra time is necessary.

Medicare denying some multichannel lab tests

■ *Physicians are becoming increasingly frustrated with the government's continued cost-cutting policies.*

The Health Care Financing Administration's (HCFA) policy that denies reimbursement for multichannel lab tests ordered for screening purposes has physicians caught in a Catch-22: Should you order a test that might be denied, therefore making the patient financially liable, or should you omit the test and possibly miss a diagnosis?

"Since March 1, 1996, HCFA requires Medicare carriers to stop reimbursing for multichannel lab tests 80002-80019 that come back negative, because the result shows the test wasn't medically necessary," says Bill Fry, director of the OSMA's Ombudsman Services. "HCFA has long been tightening its belt, and in this case has decided it won't pay for screening tests."

POLICY FRUSTRATING

The policy has at least one Ohio physician group trying to figure out HCFA's rationale.

"HCFA is saying that multichannel lab tests won't be reimbursed unless you have a diagnosis to support each test," says Marilyn Mahoney, business manager of Dunlap Family Physicians in Orrville. "But how can you can diagnose unless you run the test?"

Both physicians and office staff find HCFA's policy exasperating, Mahoney says. "HCFA isn't realistic on lab pricing. In many cases, it's cheaper to order a bundled test than it is to run single tests. Don't they realize that the labs are going to charge more if you unbundle?"

Larry D. Sander, MD, president of Dunlap Family Physicians, adds: "It costs us more in staff time than we earn from the lab drawing fee. This is just one more example of HCFA needlessly making more paperwork."

RESOLUTION INTRODUCED

In response to the controversy, the AMA considered a resolution that calls for HCFA to modify its current position on lab reimbursement rules at its Interim Meeting in December (Res. 802 – AMA I-96). The AMA referred the resolution to its board of trustees.

But since it is unlikely that HCFA will reverse its policy anytime soon, Fry suggests that physicians have patients sign a medical necessity release form, in anticipation that a test may be refused by Medicare.

"You can continue to order tests," Fry says, "but understand that some labs are going to ask the patient to pay if Medicare won't. And the patient is probably going to ask why they need a test that Medicare deems unnecessary.

"Physicians may need to explain to patients why a particular test may be denied reimbursement by Medicare and that the patient will then be held financially responsible to the lab that performed the test," Fry continues. "You should also explain to the patient why you believe the test is necessary and give them the option of paying out-of-pocket or foregoing the test."

What You Can Do: For more information on Medicare informed consent, see the December issue of *OHIO Medicine*, p. 28. If you have a question about ordering multichannel tests for Medicare patients, contact the OSMA Ombudsman at 1-(800) 766-6762. ■

Physicians are caught in a Catch-22: order a test and risk a Medicare denial for reimbursement, or omit the test and miss a diagnosis.

Legislative Roundup

■ Dental license fee increase rejected

The Ohio State Dental Board was unable to persuade State Controlling Board members to raise dentist license fees 25% in order to continue administrative hearings involving complaints against practitioners. The board's executive director was asked to consider an alternative financing mechanism instead. "We're not here to implement increases in license fees," says Rep. Ross Boggs (D-Andover). "I don't want to get into the habit of increasing license fees. I believe it should be in the budget." License fees for new dentists would have increased $28 for two years; license renewals would have cost $23 more.

■ Ephedrine restrictions eased

Before recessing for the year, legislators passed a bill that excepts from the Schedule V controlled substances schedule a food product or dietary supplement that contains a limited quantity of ephedrine and conforms to specified criteria. Pseudoephedrines are also exempted from the Schedule V list. The bill also permits the State Pharmacy Board to except from the schedule any products that contain ephedrine. The measure passed despite new information on the dangers of ephedrine, shared by Richard Maxwell, MD, a member of the OSMA Legislative Committee. Dr. Maxwell said ephedrine ingestion is becoming a major adolescent problem.

■ Mental health parity bill readied

Ohio Psychiatric Association (OPA) President Norman Hirsch, DO, reports that the OPA is drafting a Mental Illness Fairness Act, which it would like to have introduced in the Legislature this year. Meanwhile, lawmakers passed House Bill 629 before recessing, a bill that makes changes in the laws regarding individuals with mental retardation and developmental disabilities.

Toledo uninsureds to receive coverage March 1

Lucas County

■ The new innovative project developed by the Academy of Medicine of Toledo and Lucas County that could expand health-care coverage in the area to 31,000 working uninsureds and their families should be implemented by March 1. "The target date (Jan. 1) was moved back to allow for the development of a marketing plan and to finalize other details," says Margo Schramm, project manager. The rates of the new HMO product have to be approved by the Ohio Department of Insurance, which should happen by the end of this month. A list of participating PHO physicians from St. Vincent, Mercy and St. Charles hospitals also needs to be finalized prior to enrollment. This affordable plan will provide basic HMO benefits with modest co-payments. The aim of the project is to develop a basic health-care package that costs less than traditional plans. The success of the Physicians' Business Partnership will depend on local physicians and hospitals providing services at a substantial discount. The marketing department of Family Health Plan, the underwriters of the project, are discussing possible new names for the project, one that is less cumbersome and more marketable.

■ The academy awarded the Richard D. Ruppert, MD, Merit Scholarship to three medical students who demonstrated overall academic, service and leadership qualities. Winners were: David H. Brown, a fourth-year medical student in urology; Gurpreet S. Bajaj, a third-year medical student, no specialty decided; and Melissa Harris, a third-year medical student in family medicine.

Cuyahoga County

■ An ongoing membership campaign called Academy Forum, initiated by President-Elect Dale H. Cowan, MD, of the Academy of Medicine of Cleveland, is meeting with great success, according to Kathy Shoop, the academy's membership coordinator. Academy board members have already visited six (of 29) local hospital medical staff meetings to present a 10-minute slide show developed by the academy's acting CEO, and its public relations and membership departments.

"What we want to accomplish is twofold: increase membership and increase awareness of both the academy and the OSMA," says Shoop. "We want to make a presence in the community and we're doing it by face-to-face contacts with member physicians as well as nonmembers." It's still too early to tell if membership has increased, however, Shoop says that inquiries about the academy have been on the rise.

Hamilton County

■ Judy Daniels, MD, who specializes in public health, and Marvin Rorick, MD, a neurologist, were elected secretary and treasurer, respectively, of the Academy of Medicine of Cincinnati. These positions are held for one year and the physicians may be re-elected.

What You Can Do: If you have news about activities happening in your county, let us know. Contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 221. ■

National Rx examines physicians' complaints

■ *A mail-order pharmacy is re-evaluating its policy regarding prior authorization approval or denial of coverage.*

Concerns raised by Ohio physicians over a practice involving mail-order pharmacies and their review of physicians' prescribing habits has led the company behind it to take another look at its policy.

National Rx, a mail-order pharmacy and a subsidiary of Merck-Medco Managed Care Inc., is fielding physician complaints when it comes to its prior authorization requirement.

REDUCING COSTS ONE GOAL

"National Rx went online with the prior authorization requirement for certain medications on July 1, 1996," says Glen D. Stettin, MD, senior director of Medical Oversight at Merck-Medco, a pharmacy benefit-management company. "We implemented this policy to fulfill our sponsors' requests to reduce unnecessary medication costs and/or unnecessary risks to the health of their plan members, that is, our prescription patients."

The OSMA, which first learned of this prior authorization practice and reported about it in the October issue of *OHIO Medicine*, immediately became concerned that physicians' medical diagnoses were being questioned, says Bill Fry, director of the OSMA's Ombudsman Services. "We were equally concerned that unknown parties were requesting such information and making unqualified medical decisions."

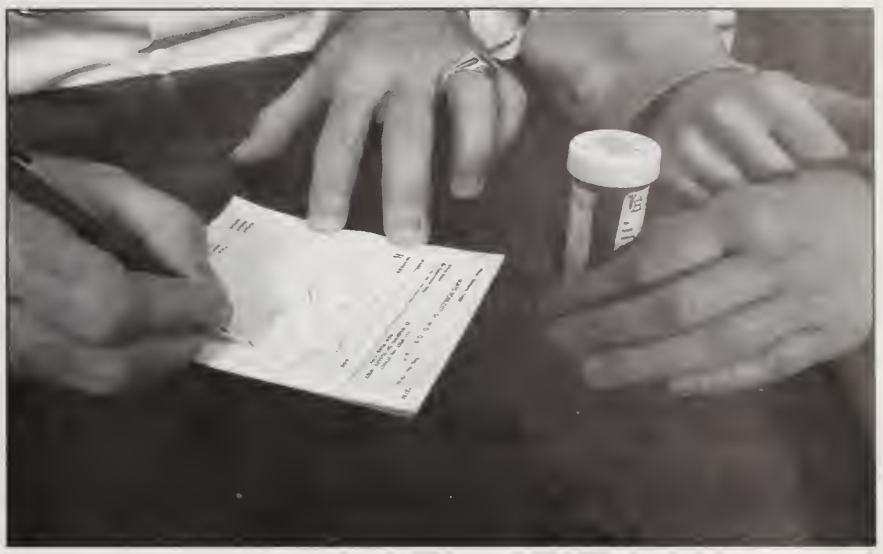
But determining medical necessity, Dr. Stettin says, has never been National Rx's intent. "National Rx and its affiliated pharmacists never require prior authorization for medication coverage as a way to determine if a given prescription is medically appropriate," Dr. Stettin says. "Rather, it is an important tool for determining if a particular medication is being used in accordance with the plan's criteria for benefit coverage."

For example, Dr. Stettin says, many plans allow coverage of Retin-A for cystic acne but not for treatment of wrinkles. Similarly, many plans allow Cognex for Alzheimer's disease when the dementia is mild to moderate, but not when it is severe.

"We have an obligation to work within the scope of the benefits as defined by our plan sponsors," Dr. Stettin says.

PHYSICIAN COMPLAINTS REVIEWED

At the same time, he says, Merck-Medco is trying to work with physicians to reduce any burdens that may be placed on them. "Changes aimed at reducing the time requirements for physicians and other health practitioners to complete the prior authorization process are being implemented. We want to assure the OSMA and physicians throughout Ohio that we are trying to make this process as efficient as possible."



The OSMA has voiced concerns that mail-order pharmacies may be overstepping their boundaries when they question a physician's medical diagnosis.

Overall, the OSMA is pleased with Merck-Medco's response.

"We understand the role that utilization-review programs play, but we're concerned that they may occasionally overstep their boundaries," says Chris Bostick, JD, OSMA legal counsel. "In this particular case, we're glad to see that Merck-Medco has a physician on staff who is willing to review individual physicians' complaints."

What You Can Do: If you have questions regarding National Rx's policy regarding mail-order prescriptions, contact Glen Stettin, MD, at Merck-Medco at (201) 782-3158. For general information regarding prescriptions, contact the OSMA Ombudsman at 1-(800) 766-6762. ■

License at risk if marijuana use is advocated

■ *A recently discovered loophole in Ohio law doesn't supersede federal statute.*

A newly enacted loophole in Ohio law that appears to legalize the medical use of marijuana is not being accurately interpreted, says the Ohio State Medical Association.

"This change in the law apparently allows a person found in possession of marijuana to plead as a defense that the marijuana was recommended by a physician for a medical condition," says Brent Mulgrew, executive director of the OSMA. "But state and federal laws prohibit physicians from recommending or prescribing drugs that don't have a recognized medical purpose, and that includes marijuana."

The provision, quietly tucked into a 1,000-page law that overhauls the state's criminal sentencing system, was recently uncovered by the *Columbus Dispatch* after judges studying the new law began raising questions. Under the new law, which passed in July, a person charged with possession of marijuana could argue that a note from their doctor recommending the drug is legally exculpating.

CONTRADICTS EXISTING LAW

Obtaining such a note, however, should be difficult, if not impossible. The state's Medical Practice Act requires physicians to employ acceptable scientific methods when selecting drugs or other modalities for treatment, and the Federal Controlled Substances Act prohibits physicians from prescribing Schedule I drugs (including marijuana), which are controlled substances that have no recognized medical use. In addition, both the OSMA and the AMA have policies that oppose the legalization or use of any presently illegal drugs.

"This loophole does not supersede federal law," Mulgrew says. "Any physician who would recommend that a patient use marijuana for medicinal purposes would risk losing their medical license."

Because of its official policy opposing the legalization or the use of marijuana, Mulgrew says, "The association will actively support efforts to correct this law."

What You Can Do: If you have further questions about Ohio's marijuana possession law and how it affects physicians, contact the OSMA's Division of Legal Affairs at 1-(800) 766-6762. ■

Guide to Ohio law revised

The OSMA's Division of Legal Affairs will have available later this month the sixth edition of the *Physician's Guide to Ohio Law*. This comprehensive book provides information about the laws, ethical opinions and other guidelines that affect the practice of medicine. A new section on federal law has been added to the guide.

OSMA members may receive one free copy. Additional copies for members are $26.44. Nonmembers may purchase the guide for $63.45 (prices include Ohio sales tax). All orders must be prepaid. Please see the order form inserted elsewhere in this issue of *OHIO Medicine*. ■

PHOs are high-profile targets for investigation

■ *A new federal law gives more "teeth" to fraud and abuse enforcement efforts.*

A new federal law that passed last year, combined with the competitive managed-care market, is making physician-hospital organizations (PHOs) a high-profile target for investigations of fraud and abuse.

According to Francis X. Gardner, a Cleveland attorney with the law firm Reminger & Reminger, the Health Insurance Portability and Accountability Act of 1996 strengthened the authority of the Department of Health and Human Services and created new federal criminal sanctions for health-care fraud.

Gardner says physicians and hospitals should understand that the following carry criminal sanctions:

- Knowingly or willfully defrauding a health-care program.
- Obstructing criminal investigations of health-care offenses.
- Making false statements in connection with delivery of or claims for payment of health care.
- Knowingly misapplying funds of a health-care benefit program.

To steer clear of fraud and abuse disasters, physicians and hospitals should consider implementing the following:

- Become familiar with the law and know what is considered fraudulent or illegal care.
- Assess all current contracts and arrangements to ensure there is no payment in exchange for business that is connected to a federally funded program.
- Review claims for medical necessity.
- Annually review contracting and claims procedures.

IDS Newsletter

For more tips on how to avoid violating fraud and abuse rules in the PHO environment, send for the *Practicing in an Integrated Delivery System* newsletter "Fraud and Abuse Concerns for PHO Members." The monthly publication covers a variety of topics relevant to practicing in today's managed-care market.

What You Can Do: To order, contact Tracy Benzing, OSMA Division of Legal Affairs, 1-(800) 766-6762, Ext. 132. ■

Specialty legislative issues for '97

What legislation will the specialty societies work on in 1997? The OSMA recently posed that question to the governmental affairs officers of different specialty societies. Their list looks similar to OSMA's own legislative priorities for 1997. Here's a sample of what the specialties will be working on at the Statehouse this year:

- Telemedicine
- Allied practitioners' expanding scopes of practice
- Mental health parity
- Treatment of chronic, intractable pain
- Public health issues (i.e., smoking, mandatory bicycle helmets, skin cancer awareness, etc.)
- Managed-care fairness, specifically support of point-of-service options
- Lifting of the ban on the corporate practice of medicine
- Reimbursement issues ■

Toledo Clinic doctors affiliate with PhyCor

Group Practice News

Toledo Clinic, Inc., a multispecialty physician group practice, has finalized an affiliation agreement with **PhyCor, Inc.**, a physician practice-management company based in Nashville, Tenn.

Robert I. Finkel, MD, president of Toledo Clinic, says, "As a result of the clinic's affiliation with PhyCor, the clinic will be able to access management expertise, sophisticated business systems, a cost-savings purchasing program, capital for new and improved patient services, and managed-care systems and strategies that will allow the physicians of Toledo Clinic to continue to direct and positively impact the quality and delivery of health-care services in our community."

A relationship with PhyCor, he adds, will leave the control of the practice of medicine where it belongs – in the hands of the physicians. In PhyCor affiliations, the medical group retains control over the medical practice, while PhyCor provides support in the medical-management systems necessary to manage care.

With this new partnership, Toledo Clinic will be able to explore and address opportunities to improve its physician services while maintaining its commitment to quality and excellence.

■ Group Health Associates appoints new administrator

Thomas A. Ducro, Jr., has become the new vice president/administrator of **Group Health Associates**, (GHA) a 100-physician multispecialty group practice with offices throughout Greater Cincinnati. Since joining Group Health Associates in 1990, Ducro has served as administrator, chief financial officer and member of Group Health's Compensation Committee. Ducro worked on the group's current compensation structure. Group Health's practice is 75% capitated.

■ Ohio medical group welcomes new surgeon

Donald A. Colacchio, MD, a specialist in general surgery, has joined **Medical Specialists, Inc.** (MSI), Zanesville, an independent, multispecialty medical group.

Medical Specialist, Inc. is a 26-member physician group that is 100% owned and governed by the participating physicians. Recently, MSI hired Cornerstone Physicians Corp., a California-based medical practice-management company, to provide the group with practice management and managed-care contract negotiation expertise, specialized medical information and accounting systems, and the development of ancillary services.

■ Pediatric Associates adapts services to patients' needs

Pediatric Associates, Inc., Columbus, has taken an aggressive approach to meeting the demands of its growing practice. Instead of limiting the number of patients, it continues to add additional physicians and offices as needed. Pediatric Associates, Inc., has three offices, 12 doctors and 58 employees.

To accommodate working parents, the practice has evening hours, Saturday hours and will see patients on Sunday if necessary. ■

Meet Your Councilor

This month, *OHIO Medicine* introduces the membership to the Resident Physician section chair, who represents that group on the OSMA Council.

Name: Heidi M. Dunniway, MD

Age: 28

Birthplace: Peoria, Ill.

Represents: Resident Physician Section

Specialty: Otolaryngology-Head and Neck Surgery

My family includes: My parents, my sister and her husband, and my boyfriend.

I decided to represent the Resident Physician Section because: The face of medicine is undergoing tremendous change, and resident physicians, as members of the generation who will be most affected, have a responsibility to play a role in preserving the integrity and ideals of our profession.

My major goal this year will be to: Increase not only resident membership, but also active participation in organized medicine by residents.

My major accomplishments are: 1) Maintaining a clear vision of the values I was taught as a child throughout hectic and often unpredictable times; and 2) learning from experiences with chronic illness in my family and using this knowledge to develop a sense of connection and empathy with my patients, particularly those with malignancies.

I'd give anything to meet: The late Cardinal Joseph Bernardin.

Nobody knows I'm: A loyal Iowa Hawkeye (although I have been rooting for OSU this season).

Dr. Dunniway

If I had not become a physician, I'd be: A (professional, I hope) dancer.

The three words that best describe me are: A perfectionist, optimistic and loyal.

If I find time, I like to spend it: Attending dance and theater events, reading, listening to music and working out.

If there were only one thing I could do for the Resident Physician Section, it would be: To establish an annual, statewide resident physician symposium. We are currently making plans for what we hope will be the first of many such meetings. This first program will be held in Columbus in the fall of 1997 and will focus on financial management for resident physicians, in addition to providing an opportunity for participants to learn more about the OSMA and organized medicine.

I think the top three issues facing resident physicians today are: 1) Physician workforce planning; 2) graduate medical education funding; 3) medical ethics.

Office address: 4100 University Hospital Clinics, 456 W. 10th Ave., Columbus, OH 43210, (614) 293-8150. ■

Task force studying role of lay midwives

■ *Hospitals contend they've become "dumping grounds" for patients when things go awry.*

Ohio has no law that prevents a lay midwife from delivering a baby, despite efforts last year to put such a ban in place in the Advanced Practice Nurses Act.

That proposed prohibition, in fact, created such a public outcry that Sen. Merle Kearns (R-Springfield), the bill's sponsor, hastily removed the provision from the bill.

The General Assembly, however, created a task force, the Direct Entry Midwifery Study Council, to study the matter further. Rep. Joan Lawrence (R-Galena), and Sen. Kearns co-chair the group, which includes other legislators as well as representatives of midwives, consumers and health-care providers. Lisa Egbert, MD, represents the OSMA on the council.

The group will present their findings in a report to the General Assembly by the end of the year. Committee members may decide to prohibit lay midwifery in Ohio statute, regulate it or leave the situation status quo.

The Ohio State Medical Board believes the state has a law already that prohibits the practice of direct entry midwifery, and it points to hospital emergency departments, which, it says, have become "dumping grounds" for patients who use lay midwives, then turn to the ED when something goes wrong. Hospitals then have a difficult time treating these individuals because of the lack of a patient history.

Ohio Midwifery Alliance President Abby Kinne estimates that Ohio may have as many as 70 or more practicing and apprentice lay midwives, but because Ohio does not regulate the practice, specific figures on how many women are lay midwives, and how many babies they deliver, will be hard to come by. So will data regarding the outcomes of deliveries facilitated by lay midwives.

OHIO Medicine will continue to follow this issue and provide you with updates as they occur. ■

Statute protects adverse event information

■ *Some reports may open a health department investigation, which may become public.*

Physicians should be interested in two late additions to the organ donor bill that passed the Ohio Legislature in November.

Senate Bill 300 creates a "second chance" trust fund to promote organ, tissue and eye donations. It also:

- Protects information on adverse events, reported to the Ohio Department of Health, from public disclosure.
- Extends the life of the Ohio Physician Loan-Repayment Program until July 30, 1998.

The adverse event provision was proposed by the Ohio State Medical Association as a reaction to quality rules that have been proposed by the Ohio Department of Health (ODH). The ODH is charged with formulating quality rules for services and facilities that are to be deregulated from the state's Certificate of Need process. Under the department's proposed rules, still to be approved by the Joint Committee on Agency Rule Review (JCARR), adverse events that occur at deregulated facilities would have to be reported to the ODH, which would make that information available to the public.

Because the ODH rules have not been validated yet by JCARR, OSMA's provision is a pre-emptive strike. However, having the protection in statute doesn't mean adverse event information won't eventually make its way to the public.

Marla Eshelman Bump, associate director of the OSMA's Department of Legislation, says that once an adverse event is reported to the ODH, the department can investigate the matter. If it does, she says, "All of that information is public."

Language reauthorizing the Ohio Physician Loan-Repayment Program was initially added to a House bill that makes changes in the law regarding individuals with mental retardation and developmental disabilities. The amendment to that bill was withdrawn when Sen. Judy Sheerer (D-Shaker Heights) said the change was not relevant to the bill's subject matter. The provision was then added to the organ donor bill sponsored by Sen. Grace Drake (R-Solon). ■

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Goals met, goals set

■ *Let's not spend too much time on past accomplishments when there is so much to do.*

John F. Kroner, MD

It's appropriate that the month of January is named for Janus, the ancient Roman god of doorways and beginnings. The bearded, two-faced god illustrates perfectly the type of reflection nearly all of us experience this time of year.

Let me share with you some of my reflections on our association – looking both backward at our accomplishments and ahead to our future.

Over the last six months, the Ohio State Medical Association made enormous strides at the Statehouse, successfully passing legislation on tort reform, medical savings accounts and longer lengths of stay for maternity patients. We saw the advanced practice nurses act pass without prescriptive authority, although that victory may be short-lived as APNs return this session for the right to prescribe. We worked with the Ohio HMO Association to keep gag clauses out of managed-care contracts, and to make those contracts more informative. We've pursued a provider fee schedule for the Bureau of Workers' Compensation's Health Partnerhip Program, and have published and printed a wealth of information to keep members updated on Ohio's ever-changing medical scene.

That's a lot to accomplish in a short amount of time, but we're not done. Allow me to turn to my "other" face, the one that looks ahead.

Over the *next* six months, the OSMA will have received a report from its Task Force 2000, and our restructuring effort will have begun in earnest. Among areas considered for a remake are: membership structure; communications/information; governance; work force; and financial. We'll be present at the Statehouse, continuing our work on the Managed-Care Uniform Licensure Act, and opposing the continuous push by paraprofessionals for more and more authority. We'll also renew our interest in public health.

Finally, the OSMA will continue to monitor issues surrounding the corporate practice of medicine. As the article in *OHIO Medicine* stated, the existing prohibition in Ohio is not only unenforceable, but is openly violated every day. The decision of council to discontinue support of Ohio's traditional ban is not a sign that we're suddenly in favor of the corporate practice of medicine. Instead, it's council's intent to establish a position from which the OSMA may effectively negotiate issues related to the inappropriate clinical and financial control of physicians by nonphysicians. We hope our shift results in better protections for clinical autonomy than the current law allows.

As always, I invite your input on this or any other matter affecting the OSMA. Use this month to put on your own "two faces." Reflect on our accomplishments, and our accomplishments-yet-to-be. Then, attend the town meeting we've scheduled in your area. Come and let us know what *you're* thinking. ■

For a list of where the town meetings will be held, see p. 3.

Reforming home care

■ *Thanks to the government, physicians no longer serve as overseers of patient care.*

Gary R. Gibson, MD

As a physician board-certified in geriatric medicine and internal medicine, I can attest to the widespread abuse that pervades the home health industry. It began about eight years ago, when Medicare began paying generously for skilled home-care visits by nurses, occupational therapists, physical therapists, social workers and other allied health-care providers. At the same time, the U.S. Congress prohibited physicians from participation in home health care, except for ordering the services. This has effectively eliminated the physician from any role in the provision or oversight of home health care. Since then, Medicare payments for home health care have skyrocketed from $3.9 billion to more than $18 billion per year.

Earlier this year, the three physicians in our internal medicine practice requested that home health-care agencies send us invoices for care they were rendering to our patients whenever we signed an order for home health-care services. The 10 agencies in our area either ignored our request or openly rebuked us for asking! Not one cooperated. We were under no financial incentive to limit such care (not under any managed-care or capitation contracts with Medicare), and yet we believed that it was not proper for us to authorize care without access to reports on specific services and their costs.

Our own suspicion that something was wrong came from many patients or caregivers who reported that home health-care workers were giving them a hard sell to expand or continue utilization beyond what seemed medically appropriate, even to family members. "But it won't cost you anything," they were told.

Home health care needs basic reform. Here are several suggestions:

1. Protect hospice programs. They provide important services to patients with cancer, AIDS and similar diseases, and to the families who care for them. Don't throw the baby out with the bath water.

2. Cut reimbursement by 67% for nurse visits, physical therapy and occupational therapy. Right now, $91 is the basic rate for a home nursing visit. That's almost twice what physicians charge. This incredibly high reimbursement has invited corruption, with pressure by the agency on the patient for overutilization. Also, quit paying for social services visits (currently at $135). Usually, these patients and families need, at most, custodial care. That's the only service not covered at all. Reducing Medicare reimbursement to $30 per visit won't eliminate the needed home nursing visits, but it will discourage rampant overutilization. Reimbursement for speech, occupational and physical therapy should be similarly reduced. If this sounds drastic, consider that physician interpretation of EKGs and exercise stress testing has been reduced by about 79%, with no adverse impact on patient care.

3. Let physicians participate. Registered nurses with current licensure and credentials should be reimbursed for home visits whether or not they work for a physician. As it is, physicians have to sign all orders and keep records on care and treatment of the patient. Why fragment care by prohibiting nurses who are on staff in a physician's office from rendering services to patients they and the doctor already know?

4. Make it mandatory for home health-care agencies to furnish a copy of invoices for their services to the patient and to the physician who signs orders for the services. The current system, in which neither the patient nor the physician sees the actual invoice for home health-care services, has invited rampant fraud.

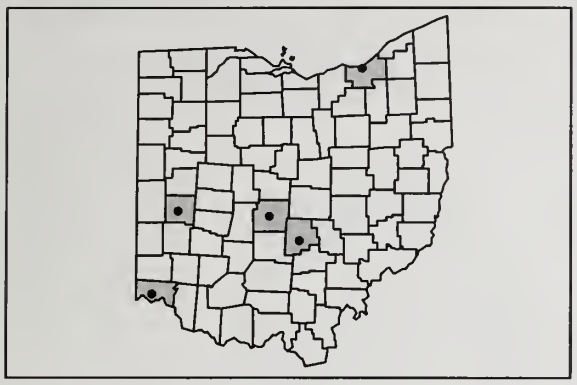
Implementation of these suggestions would require no additional bureaucratic oversight. This would maximize the proportion of the Medicare health-care dollars spent for services for the patient, and would also stretch those precious Medicare dollars considerably. ■

Gary R. Gibson, MD, is a Warren internist.

Managed-Care News...

Reports of developments occurring across the state and the nation.

Ohio



■ Ohio

Cigna wants to expand territory... Cigna Healthcare of Ohio has asked the Ohio Department of Insurance to approve its proposed expansion of its HMO into 22 additional Ohio counties. The plan is currently marketed to self-insured employers in 36 counties. If it receives the go-ahead, Cigna would likely begin marketing the HMO almost immediately. The proposed expansion would include the Athens, Lima, Portsmouth and Zanesville areas.

■ Cincinnati

Physicians plan partnership with TriHealth... Medica, the tristate's largest group of independent physicians, has announced that it's joining forces with TriHealth's Bethesda and Good Samaritan hospitals. The move is expected to improve patient care and increase efficiency. Medica represents more than 365 general practitioners and specialists. TriHealth, meanwhile, has also announced that the neonatal care at its three hospitals – Good Samaritan, Bethesda North and Bethesda Oak – will be managed by Children's Hospital Medical Center.

■ Cleveland

Dispute continues over Blues trademarks... Blue Cross & Blue Shield of Ohio will lose its cross and shield logos, regardless of whether it's acquired by Columbia/HCA HealthCare Corp., says a spokesperson for the national Blue Cross and Blue Shield Association. The national organization terminated the Cleveland company after it was unable to settle a lawsuit brought by Ohio Attorney General Betty Montgomery within 60 days, as per association rules. In November, a federal judge in Cleveland upheld the plan's termination, but a court of appeals has said that the plan may continue to use the cross and shield logos until its appeal is heard, probably this month. Meanwhile, at least two competitors have been trying to lure Blues customers away: Kaiser Permanente – which long has used a blue-colored logo – has been running ads proclaiming: "Tried and True...and Still Blue" in blue type, while Cigna Healthcare of Ohio, Inc. has been contacting former customers and asking them to rate their satisfaction with BCBSO.

Emerald won't tackle Workers' Comp... Emerald Health Network has cancelled negotiations to acquire Oswald Risk Management, a third-party manager of Workers' Compensation and healthcare claims for self-insured employers. A spokesperson said Emerald wasn't prepared to dive into the Workers' Comp arena.

Lake Hospital pursues open-heart services... Intending to bring open-heart surgery services to Lake County, Lake Hospital System has chosen the Cleveland Clinic over University Hospitals Health System as its partner. Two heart surgeons from the clinic would perform an estimated 225 heart surgeries annually at LakeWest Hospital in Willoughby. While Lake applied for a Certificate of Need from the state in August, a decision is not immediately expected. The Meridia Health System, meanwhile, Lake's neighbor and rival, has opposed the open-heart surgery facility, saying that it's not needed.

■ Columbus

Aetna announces regional operations center plan... Aetna U.S. Healthcare officials have announced that as a part of its restructuring plan, the operations center in Westerville will become one of six regional centers nationwide. The move is expected to add 600 jobs to the Westerville office, which currently employs 450. Nationwide, 30 operations centers will close, resulting in a loss of 4,000 jobs. The restructuring effort is expected to take two years. Aetna U.S. Healthcare was created last summer when Aetna merged with U.S. Healthcare, a managed-care company.

New HMO targets business community... Hoping to take its new HMO to the next level, U.S. Health Corp. is now concentrating its marketing efforts on the business community. Businesses whose employees are currently enrolled in U.S. Health's PPO are being sold on HealthPledge, which was started last March and initially appealed to employees within the hospital corporation (U.S. Health is the parent of Grant/Riverside and other hospitals). U.S. Health hopes it can convince 100,000 of its current 116,000 PPO enrollees to convert.

■ Dayton

Largest Medicaid HMO in Ohio anticipated... Pending the approval of the state, Dayton Area Health Plan intends to buy the majority of United HealthCare of Ohio's Medicaid business. The deal would create the largest Medicaid HMO in Ohio, with 64,000 enrollees. Although 23 United jobs will be cut in Columbus, most employees are expected to be absorbed by one of the two insurers.

■ Lancaster

Construction begins on outpatient surgery centers...A group of local physicians has joined forces with Mount Carmel Health System to build an outpatient surgery center. The 15,000-square-foot complex, which is expected to open this summer, will include three operating rooms and two procedure rooms. The physicians had originally approached Fairfield Medical Center about the need for such a center, but were told there was too little demand. Shortly thereafter, Fairfield Medical Center announced it would build a similar facility, which is expected to open this spring.

The Nation

■ California

Physicians' choice: longer hours or pay cut... In an effort to make its managed-care plan more competitive, Kaiser Permanente Medical Group in northern California has asked 3,000 physicians that contract with it to work a 44-hour work week or give up 10% of their base pay. The move is necessary, Kaiser says, because the group is being restructured to reflect a more community-based type of medicine, which means creating teams of health-care providers and expanding hours.

■ Connecticut

Outpatient mastectomies proposed... Citing the high cost of hospital stays, two HMOs have begun to encourage outpatient mastectomies. The proposal, not surprisingly, has caused an uproar among physicians and legislators alike. "Drive-through mastectomies – where are they going to stop?" complained a surgeon to U.S. Rep. Rosa DeLauro, who plans to introduce a bill that would establish a minimum two-day hospital stay after major breast surgery. While the health plans estimate outpatient surgery could save $1,000 to $2,000 a day in hospital costs, some physicians argue that the complications of such surgery – such as blood clots in drainage tubes and infection – can't be adequately addressed after the patient is discharged.

■ Illinois

Insurer cuts bypass recovery time...A managed-care company has set a three-day hospital recovery goal for heart bypass patients, angering cardiologists, who say the goal is a mandate, not a recommendation. Illinois-based Health Alliance has asked physicians who participate in its HMO to limit such hospital stays to three days, something the physicians contend is unrealistic.

■ Tennessee

126-hospital chain planned... Tennessee-based Tenet Healthcare Corp. has announced it will merge with California-based OrNda HealthCorp. The new company will operate 126 hospitals in 22 states, second only to Columbia/HCA HealthCare Corp. The new company hopes to save $70 million the first year of the acquisition, and expects to have annual revenue of $8.5 billion. ■

Foot/ankle joint surgery rules released

The State Medical Board of Ohio has released its rules on foot and ankle surgery and who may perform these operations.

State Medical Board

The board's rules define "foot" to include the ankle joint and allow a podiatrist to perform surgery on the joint if certain conditions are met. For example, he or she must hold privileges to perform the surgery or be able to demonstrate adequate education, training and experience needed to conform to minimal standards of care of similar practitioners. A podiatric surgeon must have successfully completed at least a 24-month residency in podiatric surgery in order to qualify under this rule.

For copies of the rules, or for more information, contact the State Medical Board of Ohio, 77 S. High Street, 17th Floor, Columbus, OH 43266-0315, or call (614) 466-3934.

OF NOTE...

• **Managed-care committee...**Should the State Medical Board form a managed-care committee to review statewide managed-care issues? Board members are examining that possibility by preparing a proposed structure and purpose for such a committee. The group, for example, might determine when administrative physicians are practicing medicine or establish guidelines for fee-splitting. The Federation of State Medical Boards, the national umbrella for regulatory boards, recently formed a Special Committee on Managed Care, which is charged with, among other things, determining which data collected by the MCO may be helpful to state medical boards in assessing the quality of care rendered by doctors in these plans.

• **Physician assistants...**The medical board's physician assistant (PA) committee is developing a position paper to help resolve practitioners' questions regarding PAs, extenders and assistants. The paper will define terminology as well as determine specific functions for personnel who perform medical procedures in physician offices without a license of any kind. Supervision questions may also be addressed.

• **Weight loss drugs...**Frank Wickham, executive director of the State Board of Pharmacy, reports that physicians are being courted by weight-loss centers, such as Jenny Craig, in order to utilize the weight-loss drug Redux as part of their programs. The pharmacy board has also received calls from doctors who are interested in establishing a mail-order business, based in Ohio, for Redux.

• **Pain-management rules...**The medical board will develop rules for the management of patients with chronic benign pain. In addition, a survey is being drafted that will attempt to evaluate physician perception of medical board disciplinary sanctions with respect to prescribing cases. Both actions have developed from legislation introduced last session by Rep. E. J. Thomas (R-Columbus). The bill would require the medical board to adopt guidelines for physicians who manage chronic pain and exempt from board discipline those physicians who follow the rules. The bill failed to pass before the end of the session and is likely to be reintroduced when the Ohio Legislature convenes this month. ■

Payors applying unauthorized discounts

■ *Have you fallen victim to a "silent PPO" billing scheme?*

Both the AMA and the American Hospital Association (AHA) are warning doctors and other health-care providers that they are being victimized by billing schemes that create payment discounts to payors who aren't entitled to them. As a result, depending on your patient volume, you could be losing thousands of dollars or more in inappropriately applied discounts.

Here's how the scheme works:

A payor receives a medical bill but doesn't want to pay the full amount (suppose the amount is $4,000). The payor contacts a preferred provider organization (PPO) broker who has access to a list of providers and discount levels for several PPOs.

The payor learns that Dr. X, who submitted the bill, is under contract with a PPO for a 25% discount. The payor then recalculates the bill, taking 25% off the original $4,000 amount. But Dr. X's patient is an indemnity patient, not a member of the PPO. In other words, the payor is not entitled to a PPO discount for this patient.

PROVIDERS UNKNOWINGLY GRANTING DISCOUNTS

Upon receiving the discounted bill from the payor, however, the provider's accounting or billing department verifies that the hospital or physician group has a contract with the PPO. But unless the specific patient's treatment or admission records are searched to determine coverage, it's impossible to confirm that the patient isn't a PPO member. Consequently, providers are granting discounts to payors that they are not obligated to give.

How can you protect your practice from these improper discounts?

Here's what the AMA suggests:

- Scrutinize your PPO contracts and your dealings with payors. PPO contracts should ensure that discounts will be extended only to enrollees of the PPO who have cards identifying them as such.
- Protect yourself by refusing to sign PPO contracts that permit the sale of discount information.
- Conduct careful audits to determine whether PPO discounts are being applied inappropriately to indemnity patients.

If you have identified a discount you didn't intend to grant or one with which you disagree, contact the PPO that applied the discount or the payor for an explanation. The payor must inform you of the PPO contract from which the discount was accessed.

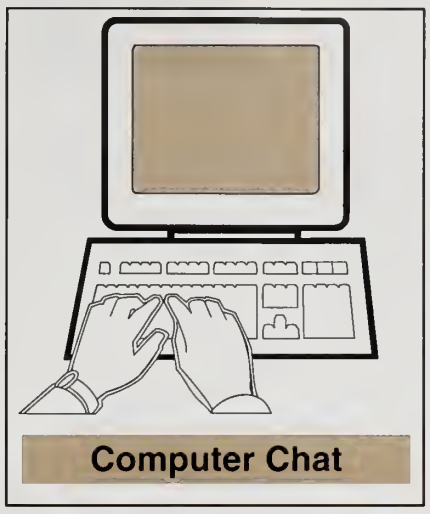
If the payor is unwilling to reimburse you the discounted amount, even though the discount was unwarranted, you have the option of balance billing your patient, with an explanation of the situation.

The AMA and AHA have worked successfully with the managed-care trade associations to develop guidelines against silent PPO practices. However, the practice continues, despite their efforts.

What You Can Do: If you identify insurers or other payors who repeatedly apply unauthorized discounts, report the activity to the Ohio Attorney General's office. If you have questions about silent PPOs contact the AMA/State Medical Society Litigation Center at (312) 464-5532. ■

Clinical consults available on CD-ROM

Editor's Note: *As part of its Computer Chat column, OHIO Medicine will periodically report on computer software available for medical professionals. The Ohio State Medical Association, however, does not endorse any software product. The reports published here are for informational/educational purposes only.*



Make the most of your next five minutes. That's the advice that Williams & Wilkins, a Baltimore medical publishing firm, uses to promote its *5-Minute Clinical Consult*.

The *Griffith's 5-Minute Clinical Consult*, available in text and on CD-ROM, offers advice on the most common problems physicians are likely to see in their practices. With just a few keystrokes, data can be accessed alphabetically or by topic, body system or symptom.

FREQUENT UPDATES OF MATERIAL

"What makes the *Consult* valuable is that it's updated every year, so you get the latest advances in diagnosis and treatment, plus coverage of new topics you need to know about," says Peggy Miller, customer service representative at Williams & Wilkins. "It has been completely revised and updated for 1997. This new edition features 100 new authors, with 60% of the previous material extensively revised and 40% completely rewritten."

Some of the new sections in the 1997 version include personality disorders, somatoform disorders, substance abuse, parasitic problems, new drugs, jet lag and coverage of ICD-9 codes.

The publishing firm reports that it has completely sold out of the 1996 version of *5-Minute Clinical Consult* and already has 3,000 back orders on the 1997 book, and 400 back orders on the 1997 CD-ROM. The first printing was more than 20,000.

Author of the *Consult* is Mark R. Dambro, MD, FAAFP, of Fort Worth, Texas, formerly assistant professor of medicine and director of medical computing at the University of Arizona College of Medicine in Tucson, Ariz. Jo A. Griffith is the technical editor.

WHAT'S INCLUDED?

The information is listed according to the illness, and includes everything from AIDS to the common cold to carbon monoxide poisoning to stroke rehabilitation. Each disease is broken down into six categories:

- **Basics.** This includes a brief description of the illness, signs and symptoms, genetics, incidence/prevalence in the U.S., predominant age and predominant sex, causes and risk factors.
- **Diagnosis.** This includes differential diagnosis, laboratory tests, drugs that may alter lab results, disorders that may alter lab results, pathological findings, special tests, imaging and diagnostic procedures.
- **Treatment.** This includes appropriate health care, general measures, activity, diet and patient education.
- **Medications.** This includes drug(s) of choice, contraindications, precautions, significant possible interactions and alternative drugs.
- **Follow-up.** This includes patient monitoring, prevention/avoidance, possible complications, expected course and programs.
- **Miscellaneous.** This includes associated conditions, age-related factors, pregnancy, synonyms, ICD-9-CM, abbreviations, and references and the author's name.

There is also a *Consult* available for dentists and pediatricians. These two are updated every two to three years.

Griffith's 5-Minute Clinical Consult is available for $54.95 (text) and $69.95 (CD-ROM), or you can purchase both for $109.99.

What You Can Do: If you'd like to obtain a copy of *Griffith's 5-Minute Clinical Consult* write to Williams & Wilkins, P.O. Box 1496, Baltimore, MD 21298-9724 or call 1-(800) 638-0672. ■

Computer program makes IMPACT on immunizations

IMPACT, a program put together by the Ohio Department of Health (ODH), tracks the approximately 165,000 births that occur in the state each year and stores that information in a database. The computer can then generate automated telephone calls to the child's parent or guardian to remind him or her of the infant's immunization needs.

IMPACT will allow pediatricians and other physicians from around the state to tap into the database from their own office computers to determine which immunizations a child has (and has not) received.

The successful program has been operating on a pilot basis in Dayton, Akron, and Gallia and Seneca counties and is ready to go statewide, according to Joe Bronowski, immunization program coordinator at the ODH. By the end of this month, all local health departments will have been trained on the system.

IMPACT will only track immunization information on infants in the public sector. Records of children in the private sector will be installed in increments.

Bronowski suggests that third parties bundle their records and send them in batches to the ODH. According to Bronowski, working with these billing companies avoids "double duty" on the part of the physician's office staff. This way the office doesn't have to send the information first to the third party, then to the ODH.

For more information on how IMPACT will work, contact your local health department, or the immunization program at the Ohio Department of Health, 1-(800) 466-4643. ■

OSMA e-mail addresses

You can now reach OSMA staff by e-mail. See the list below for specific OSMA staff members and departments. If you receive an error, fax the OSMA at (614) 486-3130, Attn: EDS.

Generic
osma@osma.org

Brent Mulgrew
brentm@osma.org

Kent Studebaker
kstude@osma.org

Katrina English
kenglish@osma.org

Carol Mullinax
mullinax@osma.org

Doug Evans
devans@osma.org

Alliance
alliance@osma.org

CME/Outcomes Measurement
cme-outcomes@osma.org

Finance Department
finance@osma.org

Group Practice Services
groups@osma.org

Legal Department
legal@osma.org

Legislation Department
legis@osma.org

Membership Department
members@osma.org

OHIO Medicine
ohiomed@osma.org

Ombudsman Department
ombud@osma.org

OSMA Insurance Agency
osmagncy@osma.org

Public Relations
pubrel@osma.org

Survival rates improve for cardiac victims

The chances of surviving a heart attack in Cleveland are improving, thanks to a citywide training program, launched early this year, that teaches Clevelanders how to perform cardiopulmonary resuscitation.

Prior to the citywide effort, survival rates following cardiac arrests in Cleveland was about 2%. That prompted city officials to form a special task force to study the subject, and, ultimately, follow the lead of Houston, Seattle and other locations where CPR educational efforts have been made. In Houston, for example, it took only a year to double survival rates there to 18%. And in Seattle, 60% of its residents are trained to administer CPR. (Last year, only 10% of Clevelanders had CPR training.)

Free CPR training sessions were conducted this spring at Cleveland's Tower City Center, sponsored by the city and the American Heart Association. In addition, training sessions have been given to a wide variety of groups, including employee groups, civic clubs and churches. City and school officials are also examining ways to incorporate CPR training into the school curriculum.

It's too soon to tell how successful the effort has been, but even a small increase in the number of people trained in CPR is certain to increase survival rates for Cleveland's cardiac arrest victims. ■

Obituaries

NORRIS M. BURLESON, MD, Newark; Duke University School of Medicine, Durham, N.C., 1943; age 79; died Sept. 28, 1996.

ARTHUR K. CIESLAK, MD, FACS, Brecksville; Case Western Reserve University School of Medicine, Cleveland, 1941; age 81; died Sept. 19, 1996.

ELMER V. DEMETER, MD, Painesville; Case Western Reserve University School of Medicine, Cleveland, 1947; age 75; died Oct. 31, 1996.

OLIVER EITZEN, MD, Cleveland, University of Kansas School of Medicine, Lawrence-Kansas City, Kansas, 1939; age 65; died Sept. 27, 1996.

FRANKLIN GEIGER, MD, Cincinnati, University of Cincinnati College of Medicine, Cincinnati, 1938; age 84; died Oct. 28, 1996.

BERNARD GOODMAN, MD, Toledo, Jefferson Medical College of Thomas Jefferson University, Philadelphia, 1958; age 70; died Nov. 5, 1996.

EMERSON M. HAREWOOD JR., MD, Xenia, University of Michigan Medical School, Ann Arbor, Mich., 1975; age 50; died Nov. 30, 1996.

DESMOND D. KACKLEY, MD, Columbus, Ohio State University College of Medicine, Columbus, 1939; age 81; died Oct. 25, 1996.

SIDNEY C. KEYES, MD, Laguna Hills, Calif.; Ohio State University College of Medicine, 1942; age 82; died Dec. 6, 1996.

JUAN H. MONTIER, MD, Cleveland, Howard University College of Medicine, Washington, D.C., 1949; age 74; died Oct. 24, 1996.

WILLIAM SHAPERO, MD, Cleveland, Ohio State University College of Medicine, Columbus, 1938; age 84; died Oct. 19, 1996.

ELMER J. WARNER, MD, Ashville, Ohio State University College of Medicine, Columbus, 1955; age 66; died Sept. 20, 1996. ■

Ask the Legal Department

Q: I've been hearing a lot about the JCAHO, the NCQA, et. al. What is the importance of accreditation and how does it work?

A: In the constantly changing world of medicine, there is a need for a common standard against which all health-care providers and facilities can measure themselves. In an attempt to accomplish this standard, organizations have been formed to set and maintain an ideal criteria for the delivery of health-care services to the public. Many organizations aspire to this high level of performance and, once achieved, can use this accomplishment when recruiting professionals to its staff or trying to gain favor with the public.

Organizations that accredit institutions and health-care providers include:

- **The Joint Commission for Accreditation of Health Care Organizations** (JCAHO), which establishes standards for health-care facilities.
- **The Accreditation Association for Ambulatory Health Care,** which establishes standards for ambulatory care facilities.
- **The Utilization-Review Accreditation Commission,** which establishes accreditation for private organizations hired to perform utilization review.
- **The National Committee for Quality Assurance,** which establishes standards for quality among providers.
- **The Health Plan Employer Data and Information Set,** which establishes a commonly used reporting method for health-care performance in three major areas: 1) quality of care and service; 2) membership and utilization; and 3) financial stability.

All accreditors set performance standards in a variety of areas, against which facilities or providers are graded. Based on the results, the facility or provider is assigned an accreditation status, which can range anywhere from full accreditation to conditional (meaning that the facility or provider has yet to meet all requirements), to no accreditation.

Pharmacists increase pressure on prescribers

■ *First, pharmaceutical reps, then patients, and now pharmacists are pressuring physicians to prescribe certain drugs.*

If you've recently answered calls from pharmacists asking whether or not you want to change the brand name of the drug you prescribed, you're not alone.

Frank Wickham, executive director of the Ohio State Board of Pharmacy, says the level of frustration is rising for physicians and their office staff who are experiencing an increasing number of these calls. And the news gets worse. "Because of new prescription drug-marketing programs, physicians can expect the number of these telephone calls to increase," he says.

These calls formerly came from mail-order pharmacies. Now, these calls will be coming from the large corporations operating large numbers of pharmacies throughout the United States, especially Rite Aid, Ohio's largest drugstore chain. Through its Preferred Prescription Program (P^3), Rite Aid forms business partnerships with pharmaceutical manufacturers to market the company's products.

THERAPEUTIC EQUIVALENT MARKETED

This marketing program targets patients and their doctors where a "therapeutic equivalent" drug product is available. Rite Aid's online computer system will automatically prompt pharmacists to promote the preferred therapeutic product. Promotion of these products will occur through telephone calls to both the patient and their doctor.

"If the calls we're receiving are any indication, doctors' offices are concerned and frustrated by the process," says Wickham. "The pharmacy's phones are often so busy, doctors' offices can't get through to call in prescriptions." As more chains take up the practice of teaming with pharmaceutical companies, the problems will only grow worse, Wickham predicts.

LETTERS SENT TO PATIENTS

Already, the marketplace has created some innovative twists to the pharmacy-drug manufacturer partnership. Wickham describes one new marketing program that automatically generates letters to patients, which suggest over-the-counter (OTC) products for potential prescription drug side effects – OTC products manufactured by the drug company partner.

The pharmacy board, as well as the Ohio State Medical Association, continues to monitor these marketplace practices, although little can be done to stop them.

"What they're doing is legal," says Wickham. "It's one of the effects of managed care."

What You Can Do: Physicians may be able to avoid some telephone calls by writing dispense-as-written instructions on prescriptions. If you have any questions about any of these new pharmacy partnerships, contact the Ohio State Board of Pharmacy at (614) 466-4143. ■

A mail-order pharmacy re-evaluates its policy on prior authorization. See story on p. 9.

HEALTH CARE LEGAL SERVICES

Vorys, Sater, Seymour and Pease offers a full range of health law services. Its health care practice provides counseling in: [1] Physician contracting and medical staff issues [2] Managed health care [3] Integrated delivery systems [4] Hospital governance [5] Fraud and abuse [6] Stark II physician self-referral issues [7] Physician organizations and reorganizations [8] Corporate compliance plans [9] Employment issues for health care providers [10] Medicare and medicaid reimbursement [11] Eldercare issues including medicaid and living wills [12] Tax, employment benefits and charitable exemption issues.

In addition to medical malpractice, Vorys attorneys have represented health care provider defendants in a variety of civil and criminal matters including alleged medicare and medicaid fraud.

Vorys, Sater, Seymour and Pease is an internationally recognized law firm of more than 285 attorneys with offices in Cincinnati, Columbus, Cleveland and Washington, D.C. Founded in 1909, it is one of the largest law firms in the Midwest and among the 100 largest firms in the nation.

For more information, contact one of the following attorneys:

In Columbus: James P. Friedt ~ Charles S. DeRousie ~ Alan T. Radnor ~ Laura G. Knykendall
J. Timothy Young ~ Jacklyn Ford
In Cincinnati: Daniel J. Buckley ~ Glenn V. Whitaker ~ Stephen S. Eberly ~ Laura H. Martin
In Cleveland: F. Daniel Balment ~ Anthony J. O'Malley
In Washington: Stephen H. Brown ~ Ellen A. Efros

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CINCINNATI TEL 513.723.4000 FAX 513.723.4056 ~ WASHINGTON D.C. TEL 202.467.8800 FAX 202.467.8900
http://www.vssp.com

Spirit of giving can continue year-round

The holidays are over, but the giving spirit continues year-round for three organizations that continue to make a difference in the lives of patients everywhere.

FORE HOPE

Fore Hope is central Ohio's only golf program for individuals with disabilities and inactive lifestyles. Among those served by the program are: amputees, arthritis patients, developmentally disabled patients, heart patients, sight-impaired patients and stroke patients. Individual and group golf lessons are offered at Red Roof Inn's nine-hole golf course with wheelchair-accessible putting green. On-site lessons are also available, as are clinics, a golf buddy program and tournaments. The program also serves as a resource center for information about equipment and golfing with disabilities.

For more information:
Fore Hope
1270 Old Henderson Rd.
Columbus, OH 43229
(614) 459-HOPE

INTERNATIONAL AID, INC.

International Aid is a nonprofit relief and development organization based in Spring Lake, Mich. The organization's recycling program collects surplus used medical equipment and supplies of all kinds to use in their medical missions. Items needed by this group include: 1) medications – nonprescription and over-the-counter items (remember, state law restricts donations of prescription medicines); 2) medical supplies – syringes, IV sets, tape, bandages and prep kits; 3) medical equipment – wheelchairs, crutches, thermometers, bassinets and personal computers; and 4) technical equipment – X-ray units, EKGs, ultrasound, fiber optics, etc.

For more information:
Warren Prelesnik, Director of
Medical Procurement
International Aid
17011 W. Hickory
Spring Lake, MI 49456-9712
(616) 846-7490

SEND FLOWERS

When flowers are appropriate, Franklin County residents may want to call this teleflorist, which makes a $3 donation to the United Way of Franklin County with each order. United Way funds a variety of health agencies. The donation is made at no additional cost to you, and deliveries can be made worldwide.

To place an order:
Send Flowers
1-(888) SEND-241

Specialty Society Calendar

Feb. 1	Ohio Ophthalmological Society Annual Meeting Hyatt on Capitol Square Columbus, OH **Contact: Todd Baker, (614) 486-6768**
May 10-11	Ohio State Radiological Society Annual Meeting Cleveland Wyndham Hotel Cleveland, OH **Contact: Anitra Metheny, (614) 486-2401, Ext. 161**
Aug. 15-16	American College of Physicians/Ohio Society of Internal Medicine Annual Meeting Hyatt on Capitol Square Columbus, OH **Contact: Anitra Metheny, (614) 486-2401, Ext. 163**
Sept. 26-28	Ohio Dermatological Society Annual Meeting Hyatt on Capitol Square Columbus, OH **Contact: Vickey McVay, (614) 486-2401, Ext. 321**

If you have questions pertaining to activities of specialty societies not listed here, please contact Anitra Metheny at 1-(800) 766-6762.

Delegates and alternates travel to Columbus in May for the 1997 Ohio State Medical Association Annual Meeting.

1997 OSMA Annual Meeting timetable

Date	Time	Event
March 17		Deadline for resolutions. Must be submitted to the OSMA, 1500 Lake Shore Dr., Columbus, OH 43204 and postmarked no later than midnight.
March 17		Nominations due for OSMA president-elect. Lance A. Talmage, MD, Toledo, is the only candidate for president-elect to date.
May 16	**9 a.m.**	Organized Medical Staff Section Annual Meeting, Columbus Convention Center.
May 16	**7 p.m.**	First Session of the House of Delegates, Columbus Convention Center.
May 16		Presidential reception immediately following the First Session of the House of Delegates.
May 17	**8 a.m.**	Resolution committee hearings.
May 18	**10 a.m.**	Final Session of the House of Delegates.

OPEP receives grant from state foundation

The Ohio Physicians Effectiveness Program (OPEP) is the first grant recipient of the Ohio Medical Quality Foundation, a public foundation created by the Ohio General Assembly to help fund programs, meetings and educational seminars designed to improve the quality of medical care in Ohio. Ohio Department of Health Director Peter Somani, MD, chairs the group. OSMA Immediate Past President Jack Summers, MD, serves on its board of trustees.

OPEP received $220,000 to be used for the identification and treatment of impaired health professionals throughout Ohio. OPEP assists medical professionals with alcohol or other drug-related impairments, and with problems associated with mental illness. OPEP also acts as an advocate for professionals appearing before the State Medical Board of Ohio.

For information about OPEP, call (614) 891-0080. If you have questions about the Ohio Medical Quality Foundation and its purpose, contact (614) 251-4000. ■

COLA offers Lab Achievement Program

Physicians and others wishing to make their laboratories more attractive to third-party payors can become part of the Commission on Office Laboratory Accreditation's (COLA) Laboratory Achievement Program.

Laboratories that participate in the program are likely to be more attractive to third-party payors.

The program was developed in response to health-care professionals' desire to demonstrate quality through continuing education and quality testing that ensures excellent patient care.

"Testing facilities will need a competitive advantage as third-party payors and consumers alike are demanding quality," says J. Stephen Kroger, MD, FACP, chief executive officer of COLA. "COLA will be among the first to provide recognition to excellent laboratories."

Laboratories and other facilities that perform waived or provider-performed microscopy (PPM) testing may participate in the program, which includes, among other things:

- Training guides for testing personnel.
- A quality assurance plan.
- A self-assessment questionnaire for waived/PPM testing.
- An evaluation of the self-assessment questionnaire and feedback on how to improve laboratory practices.

Physician office laboratories and other facilities (ambulatory surgical centers, hospital-affiliated labs, etc.) that fulfill COLA's requirements will receive a Certificate of Achievement.

What You Can Do: For more information about the Laboratory Achievement Program, contact COLA at (410) 381-6581. ■

Legal Roundup

National credentialing service starts in Ohio

The State Medical Board of Ohio has begun participation in the Federation Credentials Verification Service (FCVS), a program that centralizes collection of the paperwork physicians need to get licensed. The program was developed to combat the redundancy of individual states' licensing procedures. Physicians who take advantage of FCVS will be charged a one-time fee for gathering his or her medical credentials, verifying them with the original source and sending that information to one state's medical board. (Recent graduates of medical school are charged $125; all other physician applicants pay $200.) Thereafter, each time the information is forwarded to a state where the physician wishes to apply for a license, the physician will be charged $75. Ohio is one of seven states participating in the pilot project. For more information, contact the State Medical Board at (614) 466-3934.

ODH seeks to lower transmission of HIV to infants

The Ohio Deparment of Health (ODH) has released guidelines for health-care providers to follow when offering HIV counseling and voluntary testing to pregnant women. The department hopes that the information will help prevent the transmission of HIV from mothers to newborns. Between 1992 and 1994, the department estimates that 314 HIV-positive women gave birth, with 20% to 30% passing the infection on to their children. To obtain a copy of the guidelines, contact the OSMA at 1-(800) 766-6762.

Chiropractor convicted in BWC overbilling case

An Ohio chiropractor has received a two-year sentence after being found guilty of overbilling the Ohio Bureau of Workers' Compensation. His wife, a licensed massage therapist, was given a six-month suspended sentence. Both were were ordered to make restitution of nearly $180,000 for services billed but not rendered, and the chiropractor was ordered to pay $25,000 in investigative costs. Attorney General Betty Montgomery called the case "the largest case of Workers' Compensation fraud by a medical provider we have ever prosecuted."

Analysis of drive-through delivery law available

The Ohio State Medical Association has prepared an analysis of Senate Bill 199, the new law that requires licensed health-care plans to provide specified inpatient and follow-up care for a mother and her newborn. The bill also affects the Public Health Council's authority over rules that govern laboratory methods and procedures to detect phenylketonuria disorder in newborns. OSMA members may write or call for a copy of the analysis. Contact Traci Benzing, Ohio State Medical Association Division of Legal Affairs, 1500 Lake Shore Drive, Columbus, OH 43204-3891, at 1-(800) 766-6762, Ext. 132.

Massachusetts hotline gives patient info on doctors

Massachusetts recently became the second state to offer its residents background information on physicians, including their malpractice payouts, disciplinary records and criminal history. When the state began the service in November, operators of the toll-free line handled hundreds of calls the first week. Consumers may request up to 10 physician profiles, which reveal settled malpractice lawsuits, and criminal or disciplinary actions taken by hospitals or medical officials in the last 10 years. California provides its residents with similar physician profiles, while Florida, New York and Wisconsin are considering opening their doctor disclosure laws.

Idaho optometrists improperly performing surgery

The Idaho State Board of Optometry erred when it allowed optometrists' scope of practice to include laser surgery, an Idaho district court recently ruled. Photorefractive keratectomy (PRK) constitutes surgery, the court ruled, which optometrists aren't qualified to perform. Optometrists who perform PRK are practicing medicine without a license, which violates their state optometric practice acts.

When should a patient drop gap insurance?

■ *Joining a Medicare HMO doesn't necessarily mean your patient should cancel their supplemental insurance.*

With the recent proliferation of Medicare HMOs, more and more patients are asking their physicians: "Do I still need gap insurance?" Unfortunately, the answer isn't a simple "yes" or "no," but a cautionary "maybe."

MEDICARE CAN'T COVER EVERYTHING

"Traditionally, Medicare patients have been urged to get gap or supplemental insurance because Medicare doesn't pay all of their expenses," says Bill Fry, director of the OSMA's Ombudsman Services. "Patients have co-payments, deductibles, the cost of prescriptions, etc. While gap insurance can be expensive, many find it to be a necessity."

HMO INCENTIVES ATTRACTIVE

In the last year or so, however, a new wrinkle developed: Medicare began experimenting with managed care and HMOs vigorously began marketing their plans to the elderly.

"These HMOs are offering such great incentives to Medicare patients to join – things like low or no co-payments and cheaper prescription drugs – that gap insurance no longer seems necessary," Fry says. "And that's going to be very attractive to someone who's on a fixed income."

HIGHER PREMIUMS POSSIBLE

The problem, Fry says, is that a Medicare patient may join an HMO, cancel their gap insurance, then decide they're unhappy with the HMO and wish to return to Medicare Part B.

"If a patient cancels their insurance, then tries to reinstate it, they could find that their premium has increased, that there are penalties attached for re-enrolling, or that they may no longer be eligible because of their age," Fry says.

To counter that, physicians should advise their patients to continue their gap insurance for several months after joining an HMO, to ensure that they're happy with the new plan's services. "We're urging physicians to tell patients not to immediately cancel their supplemental insurance coverage," Fry says. "It may seem unnecessary, with all the benefits of joining an HMO, but it likely will save the patient money if, in fact, they cancel their policy, then find that they need to reinstate it."

For physicians who would like to make information available to their patients, Fry notes that the federal government has published *What Medicare Beneficiaries Need to Know About Health Maintenance Organization Arrangements: Know Your Rights.* To order, contact the Medicare hotline at 1-(800) 638-6833, OIG and HCFA Medicare Advisory Bulletin, OIG 96-02, HCFA 10934, October 1996.

What You Can Do: To obtain a patient information guide, contact the number listed above. If you have questions or comments about Medicare HMOs and gap insurance, contact the OSMA Ombudsman at 1-(800) 766-6762. ■

The reimbursement gap

Patients aren't the only ones for whom the word "gap" may take on a whole new meaning. Physicians themselves may experience a gap of sorts if they file a claim for a patient who recently switched from a Medicare HMO back to Medicare Part B.

The reason? It can take several weeks to a month for Medicare Part B to update its records and resume paying medical claims for the patient – hence, the reimbursement gap.

"If a patient drops their Medicare HMO, the carrier of the HMO has to notify the Social Security Administration," says Bill Fry, director of the OSMA's Ombudsman Services. "The Social Security Administration then has to notify Medicare that the patient is re-enrolling as a Part B beneficiary, and Part B then has to update its records."

The patient, meanwhile, visits a physician, who files a claim with Medicare Part B. If the patient only recently re-enrolled, Fry says, the claim may well be denied because Medicare's eligibility file has not yet been updated.

"I know it doesn't seem fair," Fry says, "but we have to expect delays in processing claims when it comes to eligibility.

"If you know that a Medicare patient recently dropped their Medicare HMO coverage and re-enrolled in Part B, you may want to hold the claim for a couple of weeks before filing and save yourself the trouble of having to refile later on," Fry continues. "This time should be adequate to allow the affected agencies to complete the eligibility process."

What You Can Do: If you have questions about Medicare reimbursement, contact the OSMA Ombudsman at 1-(800) 766-6762. ■

Colleagues

WILMA F. BERGFELD, MD, Cleveland, head of clinical research for the Department of Dermatology at the Cleveland Clinic Foundation and past president of the Academy of Medicine of Cleveland, has recently published a book entitled *A Woman Doctor's Guide to Skin Care*. This comprehensive, up-to-date book contains how-to information about healthy skin.

EVELYN HESS, MD, Cincinnati, has been appointed to the State of Ohio HIV Prevention Community Planning Group. She has also been appointed to the U.S. Pharmacopeia Planning for the Future Task Force committee. Dr. Hess was the director of immunology at the University of Cincinnati College of Medicine from 1965 to 1995.

ROBERT E. HILTZ, MD, Cincinnati, has been named medical director of Mercy St. Teresa Center in Mariemont. His responsibilities include administration of patient-care policies, clinical protocols, quality assurance measures and medical staff services.

EDWARD LOUGHERY, MD, Cincinnati, has been appointed to the Ohio State Medical Association's Committee on State Legislation. Dr. Loughery, a newly elected councilor to the Cincinnati Academy of Medicine, is a cardiologist.

FRANK NOYES, MD, Cincinnati, was the invited speaker at the Australia Orthopaedic Association's annual meeting.

O'DELL OWENS, MD, Cincinnati, has been appointed to the Kenton County Airport Advisory Board and the board of trustees at the Cincinnati Institute of Fine Arts. He is an obstetrician/gynecologist.

MICHAEL J. PAPSIDERO, MD, Cleveland, has been elected chair of Ohio's Public Health Council. Dr. Papsidero is a practicing otolaryngologist and physician manager of Cleveland Ear, Nose, Throat and Facial Surgery Group, Inc.

SAMUEL M. SALAMON, MD, Cleveland, a board-certified ophthalmologist, recently joined Lake Hospital System. He is a Fellow of the Royal College of Surgeons, Canada, the American College of Surgeons, and the American Society of Cataract and Refractive Surgeons. His medical interests include corneal transplantation, glaucoma, no-stitch cataract surgery and refractive surgery.

G. JAMES SAMMARCO, MD, Cincinnati, was honored as the Distinguished International Lecturer at the combined meetings of 19th International Congress of the International Society of Foot Medicine and Surgery and the 8th Argentinean Congress of the Argentine Society of Foot and Ankle Medicine and Surgery.

JOSEPH SCLAFANI, MD, Cincinnati, has been named medical director of Medica. He will be responsible for utilization management and quality improvement of inpatient and outpatient care. Dr. Sclafani is an obstetrician/gynecologist.

ALAN M. SCOLNICK, MD, Parma, board-certified in obstetrics and gynecology, with special interest in menopause, recently joined the medical staff at Deaconess Hospital.

STEVEN SPREEN, MD, Cincinnati, was inducted into the Mariemont High School Hall of Fame for his many years of service to the school. He is a urologic surgeon.

ALFRED WEINER, MD, Cincinnati, has been honored by U.C. College of Medicine's Noah Worcester Dermatological Society, which named a library after him. Dr. Weiner is an emeritus clinical professor in the department of dermatology. ■

OHIO Medicine Resource Guide

Helpful resources are a phone call away. For more information on those items listed in this month's issue, refer to the appropriate page number provided below.

In This Month's Issue:

■ **Coding review service...***page 1*

OSMA members may take advantage of this new service that will allow physicians an opportunity to fine-tune their billing practices and to correct any coding inaccuracies. OSMA certified coding specialist Jillian Phillips will review five sample medical records and submit to the member a written report that describes any discrepancies. For more information, contact the OSMA Ombudsman at 1-(800) 766-6762.

■ **HIV counseling guide for pregnant women...***page 3*

The Ohio Department of Health has prepared guidelines expressly for health-care providers who offer HIV counseling and voluntary testing to pregnant women. The department hopes the guidelines will help prevent the transmission of HIV from mothers to newborns. To obtain a copy, contact the OSMA at 1-(800) 766-6762.

■ **DUR guidelines...***page 6*

The Ohio Department of Human Services' Drug Utilization Review Unit has prescribing guidelines available for the treatment of congestive heart failure and for adult asthma. For copies, call (614) 466-9689.

■ **IDS newsletter...***page 10*

For tips on how to avoid violating fraud and abuse rules in the PHO environment, send for the issue "Fraud and Abuse Concerns for PHO Members," one of the *Practicing in an Integrated Delivery System* newsletters that's published monthly by the OSMA's Division of Legal Affairs. For copies of the newsletter, call 1-(800) 766-6762, Ext. 132.

■ **Foot/ankle joint surgery rules..***page 17*

The State Medical Board of Ohio has released its rules on foot and ankle joint surgery. For copies of the rules, contact the State Medical Board of Ohio, 77 S. High Street, 17th Floor, Columbus, OH 43216-0315, or call (614) 466-3934.

■ **Medicare and gap insurance...***page 25*

Physicians should advise patients to continue their Medicare gap insurance after joining a health maintenance organization, at least for several months to ensure they like the new plan's services. For more information, send for the brochure, *What Medicare Beneficiaries Need to Know about Health Maintenance Arrangements*. Call the Medicare hotline at 1-(800) 638-6833 for copies.

Also Available:

■ **Chronic fatigue syndrome book**

The National Institute of Allergy and Infectious Diseases has revised its booklet *Chronic Fatigue Syndrome: Information for Physicians*. For a free copy of the booklet, write to: CFS Booklet: NIAID Office of Communications (31/7A50), 31 Center Drive, MSC 2520; Bethesda, MD 20892-2520.

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Medical Protective Co....8
Mutual Assurance....2
Lloyd Noland Hospital....20
Ohio State Pain Control Center....25
OSMA Insurance Agency....10
OSU Medical Center....5
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■ AMA policy supports individually owned insurance...page 5

February 1997

OHIO Medicine

A Publication of the Ohio State Medical Association

OSMA objects to quality rules – again

■ *Controversial quality rules for cardiac catheterization services have been resubmitted.*

The Ohio Department of Health (ODH) returned to the Joint Committee on Agency Rule Review (JCARR) last month and refiled virtually the same controversial quality of care rules for cardiac services that were opposed by both the Ohio State Medical Association and other health-care groups, and rejected by the JCARR in October.

The state health director, Peter Somani, MD, has been charged with developing quality of care standards for certain services and facilities that are to be deregulated from the Certificate of Need (CON) process. If these rules fail to win approval a second time, the director has legislative authority to enact them on his own.

The OSMA attended the JCARR hearing this month to present, once again, its opposition to the rules.

"The rules are the same ones we opposed in October," says Marla Bump, associate director of the OSMA's Department of Legislation. The rules prohibit freestanding cardiac cath facilities or mobile cath labs until the department has collected

See **QUALITY** *page 3*

Photo by Jack Kustron

No one believes they have the answer when it comes to the best physician compensation plan, consultant Joseph Levitch told attendees at the inaugural meeting of the OSMA's Group Practice Section.

Market manipulating physician pay structures

■ *Ohio group practices learn the merits and pitfalls of physician compensation programs.*

"Physician compensation programs are in a state of flux because of the changes in the market environment."

That was the message delivered by keynote speaker Joseph Levitch at the inaugural meeting of the OSMA's Group Practice Section, held in Columbus on Jan. 17. Levitch is with the consulting firm Towers Perrin.

Representatives from 37 group practices heard Levitch's critical analysis of the advantages and disadvantages of physician compensation structures and methods. The bottom line, however, is that such structures are new and still evolving. "Few current plans have been in place more than two or three years, and most program administrators expect to modify or redesign their plan every few years," says Levitch. "No one believes they have 'the answer.' "

Currently, the most prevalent compensation program is productivity-based/fee-for-service compensation. "The advantages to this type of compensation is its focus on revenue growth. It's familiar, easy to administer, easy to calculate and easy to communicate," Levitch says. However, this type of program makes it difficult to focus on other performance criteria, such as expense control, quality/service levels and patient satisfaction. In other words, this type of compensation is not appropriate for managed care.

For that reason, Levitch predicts a decline in the use of productivity-based compensation arrangements in the future. Instead, he says, the trend will be toward market-driven base salary programs, combined with incentives linked to physician productivity, utilization management, patient access, patient satisfaction and quality care.

Representatives from Holzer Clinic, Cleveland Clinic and Group Health Associates followed Levitch's presentation with a view of their own diverse physician compensation structures, including the advantages and disadvantages of each.

Ohio medical groups with 20 or more physicians are eligible to participate in the new OSMA Group Practice Section. For more information, contact the OSMA Department of Group Practice Services at 1-(800) 766-6762. ■

Consulting directory updated

The OSMA's "Consulting Services Directory" has been updated and will be sent to active OSMA members free upon request (nonmembers pay $60).

The handbook is a compilation of consultants specializing in managed care. It also contains a detailed list of managed-care products and services available from the OSMA and AMA.

The directory is a reference only. The OSMA has not evaluated, nor does it endorse, any consultant listed in this directory. The publication is meant to aid individuals needing assistance with coding, practice valuation, electronic claims submission, accounts billing and the like.

To order a free copy, contact the OSMA's Division of Public Affairs at 1-(800) 766-6762. ■

Inside

■ **OSMA RESOLUTIONS:** If you intend to file a resolution for consideration at the 1997 OSMA Annual Meeting, you have until midnight, March 17 to do so. **3**

■ **PHYSICIAN-ASSISTED SUICIDE:** Ohio has no specific law prohibiting the practice, but physicians who help patients end their lives may find themselves facing professional sanctions. **4**

■ **CHOOSING A MANAGEMENT FIRM:** If you're about to turn to an outside company to manage your practice, there are some criteria you should consider first, including who owns the company. **15**

■ **WHO'S WHO IN THE SENATE:** Get to know the Senate members of two committees that will consider most of the health-care bills introduced this session. **17**

■ **MEDICAL DECISIONS:** The AMA is distributing to members a list of 16 medical decisions crucial to quality patient care that it says should stay in the hands of physicians, not managed-care plans. **18**

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Resolution deadline nears

■ *If you'd like to see association policy changed, send your resolution by midnight March 17.*

OSMA members who are considering filing a resolution for consideration at this year's OSMA House of Delegates have just a few more weeks to put their thoughts down on paper.

Resolutions to be presented at the 1997 House of Delegates must be received by the OSMA executive director by midnight March 17 in order to qualify for consideration at this year's Annual Meeting, May 16-18 at the Columbus Convention Center.

If your resolution requires an expenditure of funds by the OSMA, attach a fiscal note estimating the expenditure.

After all resolutions are filed, copies will be prepared and transmitted to each member of the House of Delegates via the official handbook scheduled to be mailed April 7.

EMERGENCY RESOLUTIONS

In the past, some members who have missed the resolution deadline have attempted to have their resolution submitted as an emergency resolution. It is important for members to keep in mind that an emergency resolution is justified only when events giving rise to the resolution occur after the filing deadline for resolutions.

A copy of the late resolution must be received by the Emergency Resolutions Committee no less than 12 hours prior to the opening session of the House of Delegates.

If a majority of the Special Committee on Emergency Resolutions votes favorably to waive the filing and transmittal requirement, the resolution may be presented to the House of Delegates at the opening session. If, however, the committee votes unfavorably, the resolution will not be heard unless the House overrides the committee's decision.

GUIDELINES AVAILABLE

For a copy of the guidelines for submitting resolutions to the OSMA House of Delegates, contact your county medical society or Susan Paulus at the OSMA, 1-(800) 766-6762, Ext. 115.

Send resolutions, by midnight, March 17, to: Brent Mulgrew, Executive Director, Ohio State Medical Association, 1500 Lake Shore Dr., Columbus, OH 43204-3891. ■

QUALITY...*from page 1*

enough data to show that low-risk labs don't compromise the quality of care. The rules also require cardiac cath facilities to have open-heart surgery rooms as backup.

"This is Certificate of Need all over again," says Bump. "There is nothing to substantiate that these provisions are needed to assure quality care."

The Ohio Hospital Association has similar reservations, but because of the director's authority to implement rules without JCARR approval, opposition may have little effect on the final outcome.

The department is incorporating one new provision: Each laboratory will be expected to have an Ohio-licensed cardiologist serve as a medical director, who will be accountable and responsible for ensuring quality care in that facility. ■

OHIO*Medicine*

A Publication of the Ohio State Medical Association

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Late-Breaking News...

Blue Cross extends agreement

When the clock struck midnight New Year's Eve it not only signaled a new year, it should have signaled the termination clause between Blue Cross & Blue Shield of Ohio and Columbia/HCA Healthcare Corp. Each company had until Dec. 31 to walk away from the deal. Instead, the agreement was extended until March 31. The Ohio Department of Insurance still hasn't granted the approval that Blue Cross and Columbia need to proceed with the proposed $299.5 million deal. Blue Cross Chair John Burry and Dan Moen, president of Columbia Sponsored Network, are confident the deal will be approved. However, other opposition remains: one pending lawsuit charges that Blue Cross owes assets to charity, while another lawsuit concerns the continued use of the cross and shield trademarks.

BWC releases update conversion factors, fees

The Bureau of Workers' Compensation (BWC) has announced this month that it is mailing an updated *Provider Billing & Reimbursement Manual* to all providers certified under the Health Partnership Program (HPP), a new managed-care program initiated by the Ohio Legislature in HB 107. The manual includes the conversion factors for calculating reimbursement for claims with dates of service on or after March 1, and includes information on the new billing submission process. The BWC also expects to have the new fee schedule available to providers sometime this month. If you have questions, contact the BWC at 1-(800) 477-2292.

Council discusses regulation of midwives

The Direct Entry Midwifery Study Council met in January to begin discussions on whether or not the practice of midwifery by laypersons should be prohibited or regulated in Ohio. The council's next meeting will be March 12. At the January meeting, the president of the Ohio Midwifery Alliance, Abby Kinne, a member of the council, said that lay midwives have low rates of Caesarean deliveries and infant mortality, and perform episiotomies less than 1% of the time (compared to an average of 40% for hospital births).

She acknowledged, however, that because Ohio has no guidelines for lay nurse-midwives, a variety of practice styles exists. One surprising revelation was that lay midwives are able to obtain the drug Pitocin without the help of a physician, although Kinne said lay midwives rarely use it, usually only for hemorrhaging after birth. Kinne also noted that certified nurse-midwives, who must practice under physician supervision, are having difficulty finding physicians willing to be responsible for home births.

Assisting a suicide could draw sanctions

■ *The state has no specific law that addresses physician-assisted suicide, but professional sanctions are possible.*

The U.S. Supreme Court has agreed to address the constitutionality of physician-assisted suicide after federal courts overturned state laws banning such actions in New York and Washington. A ruling is expected sometime in June.

Presently, Ohio has no law that addresses this subject, but that doesn't mean that physicians are free to exercise their judgment in deciding whether or not to assist a patient's death, says Katrina English, JD, director of the OSMA's Division of Legal Affairs.

"Both the AMA and the OSMA have policy that opposes physician-assisted suicide," says English. "And Ohio law does require physicians to follow the AMA's Code of Medical Ethics."

That code states that physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Both the OSMA and the AMA oppose physician-assisted suicide.

But because Ohio has no law that prohibits such actions, it would be difficult to say whether or not a physician who helped a patient die would face criminal charges.

MEDICAL BOARD SANCTIONS

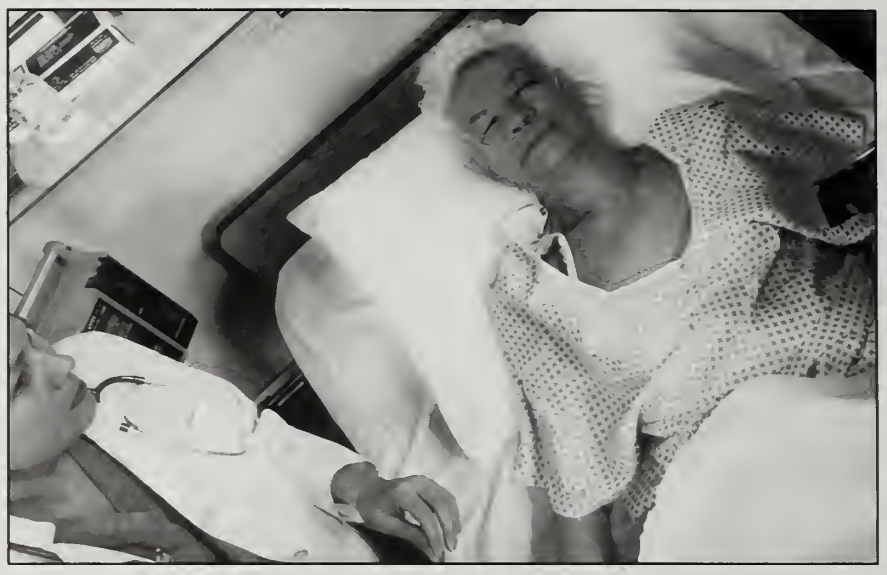
"I can tell you that the State Medical Board could sanction a physician for not following the AMA Code of Medical Ethics," says English.

Lauren Lubow, JD, spokesperson for the State Medical Board of Ohio, says the board has no formal position on physician-assisted suicide, but said the board may look into a suspected case to evaluate whether the physician failed to conform to the minimal standards of care.

She cites the case of a Dayton physician who may or may not have been attempting to hasten a patient's death when he placed a sedative in the patient's feeding tube. The tube clogged and set off alarms that brought others to the scene.

"The physician never said he was helping the patient die, but he had talked with the patient about her unwillingness to remain on life support," says Lubow.

The physician was sanctioned for a misdemeanor in practice (an assault charge); administration of medication to a patient when the medication and the mode of administration was not medically necessary; and for violation of professional ethics.



A Dayton physician suspected of trying to hasten a patient's death was cited by the State Medical Board of Ohio with committing a misdemeanor in practice and violating professional ethics.

NO BILLS ON SUBJECT

So far, Ohio legislators have been unsuccessful in clarifying the matter. In 1993, both the Ohio House and Senate considered bills that would ban physician-assisted suicide, but none of the legislation ever moved beyond committee hearings. No bills have been introduced yet this session on the subject of physician-assisted suicide, but legislation that proposes to set specific guidelines for physicians who prescribe pain medication for chronically ill patients may tackle this topic through a back door.

Until laws are put into place in Ohio, or until the Supreme Court gives its ruling in June, the best advice for the state's physicians is to avoid assisting a patient's death.

What You Can Do: If you have questions about physician-assisted suicide, contact the OSMA's Division of Legal Affairs at 1-(800) 766-6762. ■

Highlights of the AMA Interim Meeting

AMA supports individual purchase of insurance

■ *The delegates' vote reverses a 1993 policy that favored mandating employer coverage.*

At the American Medical Association's Interim Meeting, held in December, delegates voted to support individually owned insurance, calling it preferable to employer-sponsored plans. At least 20 delegations, including Ohio, endorsed the resolution.

AMA President Daniel H. Johnson, Jr., MD, called the action "one of the most important the AMA has taken in the last five years."

While the policy doesn't exclude employer-sponsored plans, it calls for "pluralism of health-care delivery systems and financing mechanisms," and it does state that "individually selected and owned health insurance" should be the preferred method of obtaining insurance.

The delegates' action indicated a shift in policy. Just three years ago, an AMA proposal for universal health insurance favored mandating employer coverage. Ohio delegate Richard J. Wiseley, MD, Toledo, who served on the AMA Resolutions Committee that heard insurance issues, explains that organized medicine was "stuck between a rock and a hard place" in 1993 when choices were a single payor system or an employer system. "Most delegates didn't want the government taking over the health-care choices of patients, and for that reason voted for employer coverage," says Dr. Wiseley.

A 13-state coalition, led by Joel Karlin, MD, Colorado, was instrumental in influencing the widespread support of individually owned insurance. There were a few skeptics, however. One California physician, for example, worried that healthy employees would move into cheaper plans, forcing their sicker colleagues to pay higher premiums or pare back their coverage.

Dr. Johnson says the new AMA policy will need to be refined in some areas, but that the policy places patients back in the driver's seat when it comes to their health care.

OTHER ACTION ITEMS:

■ Abortion debate

The AMA House of Delegates danced around the issue of whether to support banning the controversial "partial birth abortion," ultimately opting to remain neutral on the procedure. Delegates wanted information on the number of physicians doing the procedure, how many partial birth abortions are performed annually, and the implications of this type of procedure. Without answers to these questions, delegates believed their only choice was to refer the resolution. The association pledged to bring a more sound scientific grounding and appropriate practice guidelines to the emotionally charged debate.

■ American Medical Accreditation Program (AMAP)

The American Medical Accreditation Program is to become operational in the first quarter of 1997. Testimony stressed the need to proceed without delay because of physicians' pressing need for a consolidated effort in credentialing and physician office site review. Progress reports on the AMAP will be given periodically to the federation and at each annual and interim meeting. The AMAP will continue to work with county, state and specialty medical societies in the implementation of this program.

■ Graduate medical education

Anticipating cuts from Congress next year regarding graduate medical education funding, the House of Delegates adopted a blueprint for reforming the system. The AMA supports an authorization system (for example a voucher system) to provide funding for the training program at the site where training occurs. An AMA-sponsored work group also debated the merits of how to address the national oversupply of physicians.

■ HIV testing in pregnancy

The AMA has reaffirmed its support for mandatory HIV testing for all pregnant women and newborns. The AMA policy runs counter to many health groups that support voluntary testing. Even the reference committee that recommended the policy pointed out that mandatory testing clashes with a central element of the AMA's philosophy on physician-patient relationships. Don't be surprised to see this topic re-emerge at future meetings.

■ New IMG section

The House of Delegates voted to establish a new section for international medical graduates (IMGs). The reference committee noted the contributions of IMGs to medicine, and said the need for a section that would be responsive to this population was long overdue. The AMA hopes to see a potential membership growth among IMGs as a result of the new section.

Supporting individually owned insurance "is one of the most important (steps) the AMA has taken in the last five years."

– Daniel H. Johnson, Jr., MD
AMA President

■ Re-examining care for dying

Organized medicine is planning a major program in 1997 to teach physicians how to plan for end-of-life care with patients and families. The AMA plans to directly teach 10% of physicians, particularly those in influential or leadership positions, while providing educational material to all direct patient care physicians. Through seminars and workshops, doctors will learn about pain management, treating depression, and counseling those patients who request suicide. ■

Story compiled from AMA reports and AMNews.

Surviving hospital mergers

■ *The AMA Organized Medical Staff Section offers guidelines to ease the transition for physicians.*

Merger mania is sweeping the hospital industry, say leaders of the AMA Organized Medical Staff Section (OMSS), and in the process, tempers rise, tension escalates and rivalry between staffs surfaces. "What happens is we no longer have a profession sharing ideas and medical information, but a shouting match," says OMSS Chair Robert J. Weierman, MD, at the AMA OMSS Interim Meeting in Atlanta.

Dr. Weierman and section officers unveiled an action plan for physicians at hospitals considering such mergers. The guidelines are based on an OMSS-commissioned study of hospital mergers and acquisitions conducted over the past six months by Gordon S. Black Corp., New York City.

This study showed that combining credentialing, utilization review, quality assurance and medical staff office functions went smoothly.

What physicians found most difficult to cope with were new loyalties, internal politics, power struggles, ownership, leverage issues, and the loss of individuality and power.

The OMSS report said the transition was made easier by involving physicians in all stages of merger plans and in any decisions that affect medical staff structure and function. It is also important for medical staffs, not administrators, to combine overlapping departments at the two institutions.

If a nonprofit hospital is bought by a chain, it is important for the hospital to preserve its charitable function in the community.

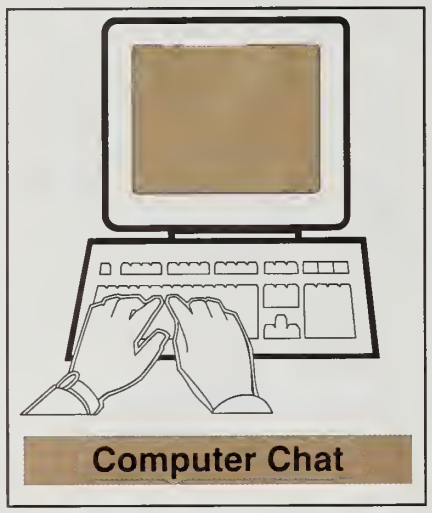
Hospital mergers will be the topic of discussion at the OSMA's OMSS Annual Meeting May 16 in Columbus. Watch *OHIO Medicine* for more information on the meeting. ■

UC med center plugs community into wellness

Providing easily understood health information directly to area residents to help them manage their own health care was the purpose behind the University of Cincinnati Medical Center's NetWellness system.

The 2 1/2 year-old health information system is a community-based, publicly and privately funded, electronic consumer health information service for the residents of southern Ohio and the Cincinnati tristate region, explains Stephen Marine, associate director of the Academic Information Technology & Libraries at the UC Medical Center, and one of the 12-member project team.

Watching a demonstration of NetWellness recently, Gov. George Voinovich commented, "NetWellness, we believe, is going to save people's lives. We hope to make it available to all of Ohio citizens in every public library in the state."



OBTAINING SEED MONEY

The U.S. Department of Commerce's National Telecommunications and Information Administration provided the seed money – $375,000 – to the UC Medical Center to start NetWellness in 1994. The state of Ohio, through the efforts of Rep. Rose Vesper, 72nd District, contributed matching funds, and the National Action Plan on Breast Cancer granted an additional $723,000. Additional funding has been provided by 37 local and national public and private entities, supplying everything from money to services to products.

The funding made it possible to purchase 43 public computers, which are strategically located in public libraries, senior centers, hospital lobbies and pharmacies. Many NetWellness resources are also accessible via the World Wide Web. Anyone with a personal computer and a modem, who subscribes to an online computer service, can access NetWellness.

"We decided to take the library out to the community," says Marine. "Over the years, we saw an increase in the use of our medical library by the general public. While we had no problem with opening our resources to the public, it did become a strain," he says, explaining, "We were not funded for this type of service, yet we knew motivated people would stop at nothing to get the information they wanted."

By coincidence, in the spring of 1994, a call for proposals from the U.S. Department of Commerce's National Telecommunications and Information Administration crossed the desk of Roger Guard, director of Academic Information Technology & Libraries at UC Medical Center. The library staff assessed the needs of the region's citizens through online surveys and focus groups. They concluded that the World Wide Web would be an ideal way to offer current health information, updated daily about virtually every health topic from general, easy-to-read material to professional literature.

WHAT'S IN NETWELLNESS?

NetWellness contains 14 medical books and more than 300 health magazines useful to consumers, plus thousands of consumer pamphlets from organizations like the Arthritis Foundation and the American Lung Association.

Also included are directories of health professionals, community services and substance abuse services, plus seven health literature databases including MEDLINE, PsycINFO and CANCERLIT.

Some special features include:

- "Ask the Expert," electronic bulletin boards where physicians, nurses and pharmacists answer specific questions posed by NetWellness users. "Answers are received within 24 to 48 hours and are customized to their needs," says Marine. Six health topics such as "medications" and "children's health" are covered now, with more being developed.
- A news service providing health topics drawn from the online services of *USA Today* and CNN.
- "Hot topics," covering many issues of current interest.
- Easy-to-use World Wide Web graphical design.
- Online help guide.

EVALUATION PROCESS

In the last six months the system's use has increased an average of 24% per month, and NetWellness usage is at nearly 15,000 "hits" a day.

Using a survey on their Web site, Marine said NetWellness was able to track its satisfaction rating, which was very high.

A significant number said that the system improved communications with their physicians. "NetWellness gave us the background information we needed to understand what we were facing," said one user. "With the information, we were able to elevate the level of discussions we had with our mother's physician." Other users commented that NetWellness helped them seek second opinions, confirm their own beliefs and improve their own health.

WHAT SETS IT APART?

"The University of Cincinnati Medical Center physicians, nurses and pharmacists who answer questions for the 'Ask the Expert' service are among the top clinicians and researchers in the country," says Marine. All of the information used on NetWellness is fully evaluated and researched prior to being put into the system. "Our users don't have to worry about hitting information that isn't legitimate," says Marine.

Point Communications, an independent service that reviews World Wide Web home pages, gave NetWellness its "Top 5% of the Web" award, which signifies "only the best." The National Information Infrastructure Awards program also named NetWellness a 1996 semifinalist.

Hoping to expand statewide, Marine says the governor has been approached for additional funding. The UC library staff's goal is to have NetWellness in all the state public libraries. Ohio's other academic research medical centers – the Ohio State University and Case Western Reserve University – will also participate. To do this, however, more funding is needed. The grant from the U.S. Department of Commerce, which pays the monthly telecommunication charges, expires in December.

NetWellness is gaining popularity outside the state as well. A hospital consortium in Portland, Oregon, is interested in using the system.

What You Can Do: For more information on NetWellness call (513) 558-5656 or send e-mail to info@netwellness.org or vist the Web site at www.netwellness.org. ■

Computer magazine available

OHIO Medicine received many calls from readers interested in obtaining a copy of *Health Care Infomatics*, a trade publication that lists the top 100 national health-information vendors and vital information about each product and business.

The publication was mentioned in the December "Computer Chat" column entitled "Choosing the right billing system."

Those interested may call McGraw Hill at (612) 835-3222 and ask for the June 1996 issue. Back copies cost $8. ■

OSMA e-mail addresses

You can now reach OSMA staff by e-mail. See the list below for specific OSMA staff members and departments. If you receive an error, fax the OSMA at (614) 486-3130, Attn: EDS.

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Medicare misstep can violate federal law

■ *Services rendered to an HMO patient are only reimbursable at the Medicare allowable.*

Physicians who treat out-of-network Medicare HMO patients are being reminded that accepting fees that exceed the Medicare allowable is in violation of federal Medicare rules.

"As an out-of-network provider, you may treat a patient who is enrolled in a Medicare HMO and you may **bill** your regular rates, but you can't **accept** reimbursement that is higher than the Medicare allowable," says Bill Fry, director of the OSMA's Ombudsman Services. "Whether you participate in Medicare or not doesn't matter – when you treat one of these patients, you become subject to Medicare rules."

While Fry acknowledges that the situation probably doesn't come up very often, physicians who could be affected include those who provide:

- emergency care;
- out-of-area urgent care;
- referral services;
- point-of-service benefits contained in the enrollee's benefit package; and
- any service the HMO accepts financial responsibility for, per the enrollee's benefit package.

ACCEPT ONLY THE ALLOWABLE

Physicians are being warned that while they may bill the HMO their full, regular fee, they may not accept it as reimbursement. "Physicians are allowed to bill their regular rates, assuming that the HMO will reimburse at the Medicare allowable," Fry says. "But if the HMO makes a mistake and reimburses the full amount, **and** the physician accepts it, that's a violation of federal Medicare rules."

As an example, consider the following:

An out-of-network provider renders services worth $125 to a Medicare HMO beneficiary. The Medicare fee schedule shows that it allows $100 for that particular service. The beneficiary's HMO does not charge a deductible, but does require a $10 co-payment. The HMO, therefore, **should** reimburse the physician $90, and the patient **should** pay $10. (Similarly, if a nonparticipating physician provides the services, he or she is eligible for 95% of the Medicare fee schedule amount. In that case, the HMO should pay $85 and the patient should pay $10.)

While mistakes can't always be avoided, physicians should have a system of checks and balances that can alert them to such billing errors, Fry says. "I don't think that something like this slips by very often. But if it happens frequently and you're audited by Medicare, you could be looking at significant fines, including expulsion from the Medicare program."

What You Can Do: If you have a question about billing Medicare HMOs, contact the OSMA's Ombudsman at 1-(800) 766-6762. ■

GUIDE TO RESOURCES

For information on how to order brochures, newsletters and other information mentioned in this issue, see page 27.

Medical research goes through major overhaul

■ *Health Alliance plans to merge the research and education functions at its member hospitals.*

A major overhaul of local medical education and research is going on in Cincinnati.

A nationwide decline in support for medical education gave Health Alliance of Greater Cincinnati the idea to restructure the medical research system and hopefully move Cincinnati from a regional player in medical research to the ranks of the national elite.

The *Cincinnati Enquirer* reported that by July 1, Health Alliance – which includes University, St. Luke, Christ and Jewish hospitals – plans to merge the research and education functions at all of its member hospitals into a single division. By grouping the patients and doctors of member hospitals, Health Alliance hopes to participate in more clinical trials of new medicines. This could double the income from research grants.

"If we expect the public to fund medical education, it is essential that we adopt these kinds of programs," says Donald Harrison, MD, chair of the health alliance and senior vice president and provost of the University of Cincinnati Medical Center. "What we need are carefully designed measures of productivity to convince Congress that they are getting value for their investment."

The new Health Alliance research and education division would:

- **Coordinate residency programs for physicians at all alliance hospitals.** The alliance would oversee hospital-based training programs for nurses and other health professionals. This program could eliminate some specialty residency programs and expand others.
- **Oversee all medical research programs**. The goal is to market Health Alliance as a single unit when applying for research grants. This grouping (the total patient base of all alliance hospitals) will make Cincinnati a more attractive location for major clinical trials of new medicines.
- **Orchestrate a new wave of restructuring and cost-cutting.** Looking for ways to cut costs and eliminate duplicate services, the alliance will study everything from faculty positions to research space to equipment purchases.

"The bottom line is not enough attention has been paid to the costs of medical education in the past," says Dr. Harrison. "That will change, and there will be cuts." ■

Legislative Roundup

Domestic violence update

A task force assembled by the Supreme Court of Ohio has issued a final report, calling for the court, lawmakers, regulators and others to implement 72 recommendations that address the issue of domestic violence. One of the recommendations made by the group suggested that state licensure boards and/or professional associations mandate domestic violence training for health-care professionals and social service providers. Meanwhile, Montgomery County has new guidelines in place for how domestic violence cases should be handled, from police arrival at the home, to the courtroom where the case is heard. The plan, three years in the making, is considered the most comprehensive initiative in Ohio for combating domestic violence and for significantly reducing the homicide rate that can occur in domestic violence cases.

OHMOA changes name, definition

The Ohio HMO Association is now the Association of Health Plans and has adopted a Philosophy of Care definition in an attempt to broaden its membership and to differentiate it from indemnity insurers. The new philosophy sets out basic tenets in health-care delivery in terms of quality, choice, affordability, information and partnership.

Athletic trainer referrals clarified

In December, *OHIO Medicine* reported that athletic trainers would be able to treat patients without physician referral, due to a last-minute addition to a bill. Marla Bump, associate director of the OSMA's Department of Legislation, says trainers must still have patients referred to them under the new provision, but, as in the previous statute, referrals need not necessarily come from physicians. "That has always been the case," says Bump. "The new law hasn't really changed anything with respect to how athletic trainers have patients referred to them." In addition to physician referrals, trainers may also treat patients sent to them by chiropractors, dentists and physical therapists.

Dispatchers may be required to know CPR

Last session, a bill introduced by Sen. Janet Howard (R-Forest Park) would have required all emergency dispatchers in Ohio to receive training in CPR and basic first aid. At present, only some Ohio communities require this knowledge. Sen. Howard says she plans to reintroduce the bill this session.

Legislative cyberspace

Ohioans should soon be able to use the Internet to read legislation and amendments, review schedules for committee hearings and check on the status of a health-care bill. You may even be able to contact your legislator. The cyberspace possibilities, still under development, should be ready for use by the end of the year. In fact, the process has already started. The public may now gain electronic access to the Ohio Revised Code, which is updated quarterly, by using the following address: http://www.avv.com/orc. Ohio's home page on the Internet can link you to the Legislature. Reach it at: http://www.state.oh.us.

Ask the Ombudsman

Q: Why is a podiatrist calling my office to obtain my UPIN and the last date I saw a Medicare patient? I did not refer the patient.

A: Medicare rules require podiatrists who provide routine foot care services for Medicare patients who have systemic disease to report on the claim the UPIN and the last date the patient was seen by a physician. The date seen by the physician must be within the last six months in order for the podiatrist to be reimbursed by Medicare for the routine foot services.

Meeting explores accepting risk in contracts

"Risky Business: Physicians Accepting Risk in Managed Care, Medicare, Medicaid and Workers' Compensation" will be the topic for the April 11 full-day meeting sponsored by the OSMA Group Practice Section to be held in Columbus. Look for more information in upcoming issues of *OHIO Medicine* or call the OSMA Department of Group Practice Services at 1-(800) 766-6762 or e-mail the Group Practice Section at groups@osma.org.

Group Practice News

■ Group Practice hires administrative coordinator

The Department of Group Practice Services welcomes Donna Mason to the OSMA staff. Mason, who started in December, is the new administrative coordinator for Group Practice Services. Prior to coming to the OSMA, Mason worked as publisher and education coordinator for Sterling Software/Commerce.

■ Market your practice in medical directory

If you're looking for a physician to join your group, you may be interested in being included in the OSMA *Medical Group Practice Directory*. The directory contains profiles of Ohio's large medical groups. Residents can use that information to compare and contrast these groups. Group Practice Section members are included in the directory as a benefit of membership. Upon request, all OSMA members can receive one complimentary copy. For non-OSMA members, a special discounted rate is being offered on the 1996 edition – $50 plus shipping. To order the 1996 directory, contact Donna Mason, OSMA Group Practice Services, at 1-(800) 766-6762, Ext. 107. The 1997 edition of the OSMA *Medical Group Practice Directory* is due out in May. Watch upcoming issues of *OHIO Medicine* for more information.

■ Resource library offers sample contracts and more

You can now gain information on a host of topics important to you and your group by using the Group Practice Library Resource Center, managed by the OSMA Department of Group Practice Services. The Group Practice Library Resource Center will contain everything from sample physician employment contracts used by Ohio medical groups, to utilization plans for physician extenders. Section-member groups can obtain information on a wide range of policies and procedures used by other group practices in the state.

■ Credentialing application available in WordPerfect

Members of the Group Practice Section will receive a complimentary copy of the OSMA standard physician credentialing application in hard copy and on diskette. WordPerfect 6.1 and Microsoft Word are now available for easier electronic data entry. In the next 18 months, the OSMA will have the credentialing application available in Microsoft Access. Nationwide Health Plans is now accepting the OSMA's standard credentialing application. In 1997, the OSMA will pursue legislation that will mandate the use of a standard physician credentialing application by all managed-care entities in Ohio. If you'd like a copy of the diskette, contact Donna Mason, OSMA Group Practice Services, at 1-(800) 766-6762, Ext. 107. ■

Lawyers file suits before tort law takes effect

■ *More than 100,000 cases were expected to be filed across the state before the Jan. 26 effective date.*

An avalanche of lawsuits slid into Ohio courts last month as lawyers rushed to file civil cases before Jan. 26, the date when Ohio's new tort-reform law took effect. The law, which was supported by the OSMA, passed last year and includes among its provisions a cap on noneconomic damages awarded in personal injury cases.

Ohio attorneys were expected to file more than 100,000 cases before the deadline expired. Plaintiff attorneys are believed to have filed lawsuits in cases they might not have pursued or could have settled to avoid the possibility of attorney malpractice suits down the road.

COURT CHALLENGE EXPECTED

The Ohio Academy of Trial Lawyers expects the new law to be challenged in court, and, in fact, courts have been the greatest stumbling blocks in other states with new tort-reform laws.

In Illinois, for example, a $500,000 pain-and-suffering cap was struck down, and courts have been quick to dismiss "statutes of repose," which bar lawsuits that aren't filed within a specified number of years. In Ohio, the law sets the limit at six years for medical claims.

24 STATES LIMIT DAMAGES

Still, tort-reform laws upheld by state courts outnumber those that have been thrown out, and, with the Ohio legislation, there are now 24 states with some limit on noneconomic or economic damages.

California may have the oldest tort-reform law on the books. Passed in 1975, the California Medical Injury Compensation Reform Act has withstood a decade of legal battles to repeal it, and, in 1993, its effect was finally felt by California physicians. The number of malpractice suits filed in that state dropped after the law was passed, and physicians watched their malpractice premiums plummet from $18,000 a year (in 1993 dollars) to about $7,000 a year.

RAISING AWARENESS

Ohio has an added advantage in its Ohio Citizens Against Lawsuit Abuse (OCALA).

This newly formed group is a non-profit, grassroots organization. Its purpose is to heighten public awareness about the damaging effects of lawsuit abuse on all Ohioans. Claire Wolfe, MD, an OSMA past president, serves on its board of directors.

OCALA's message is "Stop Lawsuit Abuse," and its members plan to use speaking engagements as well as broadcast and print advertising to deliver its message.

Although tort-reform laws have been challenged in state courts across the country, more have been upheld than have been thrown out.

What You Can Do: OCALA needs your support. Call 1-(800) 418-2252 to learn more about the group and its objectives. If you would like to arrange for a speaker or become involved, call the OCALA office at 1-(800) 668-5266. ■

Study shows 37 million Americans uninsured

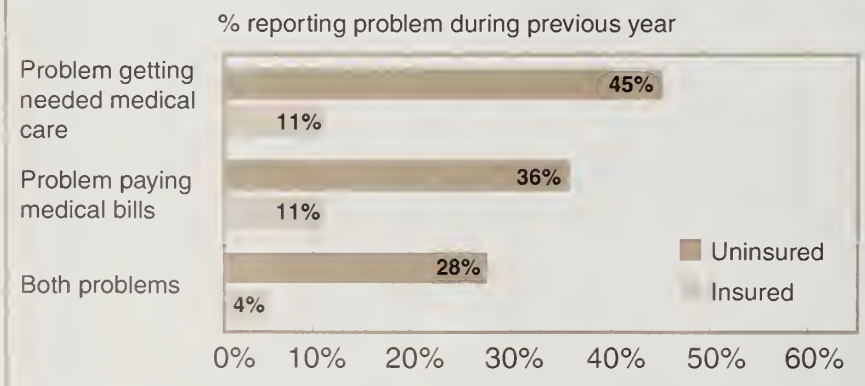
Thirty-seven million American adults have no health insurance, according to a study conducted by researchers at Harvard University, the Kaiser Family Foundation and the National Opinion Research Center.

Of those, 28% had problems both getting care and paying medical bills, compared with just 4% for insured adults (see chart below).

While the uninsured generally reported to be in the poorest health (see chart at right), ironically, they also have the most difficult time getting the medical care they need.

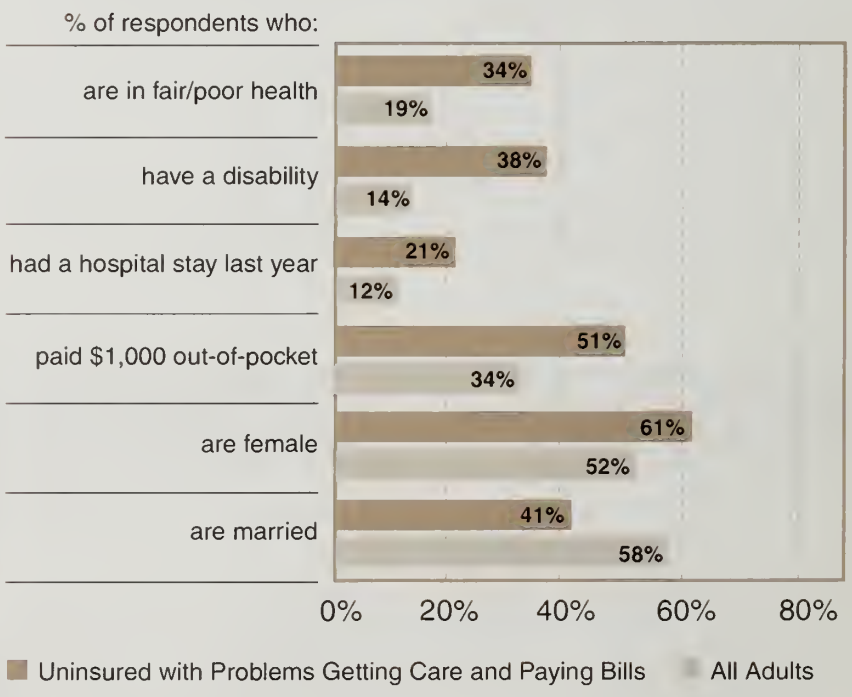
Although authors of the study say their findings are inconclusive, the statistics seem to show that there is a bigger crisis occurring among America's uninsured population than previously thought. ■

Uninsured Adults More Likely to Have Problems Getting and Paying for Medical Care



Source: Getting Behind the Numbers on Access to Care, Harvard School of Public Health, Kaiser Family Foundation, National Opinion Research Center, Oct. 22, 1996

Characteristics of Uninsured Adults With Problems Getting Care and Paying Bills Compared to Total U.S. Adult Population



Source: Getting Behind the Numbers on Access to Care, Harvard School of Public Health, Kaiser Family Foundation, National Opinion Research Center, Oct. 22, 1996

President's Perspectives

A time to listen to *you*

■ There's no set agenda for the OSMA town meetings. Drs. Kroner and Kang just want to hear from members.

John F. Kroner, MD

For the second year, I will be touring the state, holding town meetings to hear what you have to say about your association and its future. Accompanying me on these travels will be the OSMA's next president, Su-Pa Kang, MD. My hope is, by the time you read this, you are already registered to attend the meeting in your area. There are five town meetings in all (see related story below for dates and locations). Each meeting is an opportunity for OSMA's grassroots members to have their say.

There will be no set agenda. You direct the course of the evening. If you want to talk about the woes (or maybe the glories) of managed care, that's what we'll discuss. If you want to discuss member recruitment, malpractice or the latest health-care bill at the Statehouse, that's the direction we'll take. It's up to you. And that's my point. In order for these meetings to work, we need your input. We must have your ideas, your thoughts and suggestions for ways to improve this association and make it more valuable to you. We know medicine is changing. It's changing fast and in ways we never dreamed possible 150 years ago when the OSMA was first formed. What these meetings do is allow us an opportunity to discover how medicine has changed in your area and what we, as an association, can do to help you through those changes. How can we structure the OSMA to meet your needs in the future?

The information you provide us will be shared with members of the Task Force 2000, the group that's studying the present structure of the association, and how it might be reformulated to meet the needs of Ohio physicians in the year 2000 and beyond.

I hope, by the time I leave office, to have in place a plan for an association for the next millenium. But it all begins with you.

Yes, I know Ohio weather is not always cooperative in February and March. I know you're busy. I know you can probably find a thousand different things you'd rather do. But this is important.

The town meeting is your chance to tell us what you think about the OSMA. What's working? Maybe more important, what isn't? What do you wish we could do for you? If you're not happy with us, let us know why, and if you are pleased with something we've done (tort reform comes immediately to mind), well, we wouldn't mind a pat on the back.

The bottom line is, we're listening. We're listening to you. And here is a suggestion. If you know a colleague who isn't a member, bring him or her along. Once we learn why they're not members, maybe we can turn that situation around...

See you in your town soon! ■

Town meetings are upon us

The following dates and locations have been set for the Ohio State Medical Association's town meetings. The locations are new this year.

Feb. 6 – Sawmill Creek Resort, Sandusky

Feb. 13 – Holiday Inn MetroPlex, Youngstown

Feb. 20 – Lafayette Inn, Marietta

Feb. 26 – The Party House, Marion

March 6 – Holiday Inn I-675, Fairborn

To register, contact the OSMA's Division of Membership Services at 1-(800) 766-6762. If you have not registered, but find yourself available and wish to attend, please call ahead and let us know. ■

Letters to the Editor

Let's limit corporate role in medicine

To the Editor:

The OSMA made a mistake in abolishing its ethical directive against the practice of corporate medicine, without substituting an alternative code. There has never been a time when patients were at greater risk from insurance companies dictating the medications physicians may use, the consultants and hospitals to which we may refer, the procedures we may utilize, how many days our patients are permitted to be in the hospital, etc. The mantra: "Align physician and insurance company incentives" has been repeated so many times that many physicians are beginning to believe that this is in the best interest of their patients! Surely at some point the cost-conscious cookbook of managed care will fail to serve the needs of some of our patients.

The Massachusetts medical board has taken a brave approach to limiting corporate pressure on physician decision-making. The most savvy among us must find a way to write a code of ethics that protects physicians' interests, but more importantly recognizes that patients are increasingly at risk when medical decisions are dictated by corporations rather than their personal physician. Alternatively, the government will step in. They have already legislated the length of time mothers are allowed to remain in the hospital after delivery, and are about to prohibit outpatient mastectomies. Let's attack this problem head on, right now, with all of our resources. If the corporate practice of medicine is acceptable, let us limit the corporate role in clinical decision-making!

ROBERT T. BRODELL, MD
Warren

Managed-Care News...

Reports of developments occurring across the state and the nation.

Ohio

■ Barberton

City hospital sold... The sale of Barberton City Hospital to the Quorum Health Group Inc. of Brentwood, Tenn. is expected to put the hospital in a better position to compete in the managed-care arena for years to come. The sale brings an end to the hospital's 10-year search for a suitable partner. While the city doesn't own the not-for-profit hospital (slated to turn for-profit under the acquisition), it has an agreement that entitles it to the hospital's assets if the latter is sold. Barberton voters – who supported the acquisition by a 3-1 margin – will reap at least one large, tangible benefit from the sale: $75 million in funding of the Barberton Community Foundation. Interest on the fund will be used for health, education and recreation programs.

■ Cincinnati

Higher insurance premiums anticipated... Calling a cease-fire to a two-year price war among area HMOs is expected to raise premiums for employers and employees alike. Managers of health plans say they are being forced to raise prices to make up for increasing pharmaceutical costs and the increased use of benefits by patients. The new price hikes are expected to range between 2% and 8%. Over the past couple of years, competition among area health plans forced premiums down, sometimes to artificially low levels.

Uninsured straining clinics... An independent agency specializing in indigent care has announced it will cut back or reduce services unless it receives additional funding. The Cincinnati Health Network, which includes eight clinics that serve about 28,000 patients a year, says its financial resources are stretched to the limit: while government funding has been flat for five years, the number of uninsured patients using the clinics has climbed nearly 15% since 1994. In addition to trimming services, the network has asked for $625,000 a year from the Hamilton County Indigent Care Tax Levy.

■ Cleveland

Cleveland Clinic plans eye institute... The Cleveland Clinic Foundation has announced it will begin construction this spring on a 130,000-square-foot eye institute in order to treat major eye diseases and disorders, as well as to conduct research. The facility, which is expected to cost $50 million to $60 million, will employ about 100, including 25 new researchers. Case Western Reserve University School of Medicine/University Hospitals of Cleveland has already established a similar institution, the Visual Science Research Center. Spokespersons for both facilities, however, say their similar programs are a coincidence, and not a battle for health-care dollars.

County, hospital reach funding agreement...A one-year funding arrangement has been renewed between Cuyahoga County and MetroHealth Medical Center. The county's public, nonprofit hospital receives a lump sum of $15 million, with a $9 million contingency fund available for emergencies. The county supplies about 5% of the hospital's annual $300 million budget.

■ Columbus

Mount Carmel buys nursing home... Mount Carmel Health System has entered the long-term care market with its purchase of Northland Terrace Medical Center. The skilled nursing care facility, which averages almost 92% occupancy, offers subacute services to patients with multiple conditions, a pediatric intensive care unit, three geriatric units and a hospice. The Mount Carmel Health System includes Mount Carmel East Hospital, Mount Carmel Medical Center and St. Ann's Hospital.

Three hospitals expanding emergency facilities... Three area hospitals are upgrading their emergency departments in an attempt to make them more patient-friendly. Grant/Riverside Methodist Hospitals has begun a $4.5 million renovation of its downtown location, while OSU Medical Center is in the midst of a $6 million project. Likewise, Mount Carmel Health System is more than doubling the size of its westside emergency department as part of a $35 million facility-replacement project begun last year.

■ Dayton

Hospital plans $69 million expansion... An ever-increasing number of emergency patients has caused Miami Valley Hospital to announce a $69 million expansion that will create a new emergency and surgery complex. The hospital's current emergency department, opened in 1975, treats nearly 70,000 patients a year, almost twice what it was designed for. Construction on the 132,000-foot expansion will begin this summer and is expected to be completed by spring 2000. Besides updating outdated facilities, hospital officials say the project will help the hospital retain its standing as the highest level center for emergency care in its area.

■ Lorain

Hospitals sold to Cincy-based health system... Lorain Community/St. Joseph Regional Health Center has agreed to sell to Mercy Health System of Cincinnati, which bills itself as the largest health system in Ohio. While terms of the agreement were being negotiated at press time, the consolidation of the two is expected to be completed by late March. Lorain/St. Joseph will become Mercy's fifth regional operation in Ohio and eighth overall.

The Nation

■ Connecticut

HMO unveils "naturopathic" network... Hoping to tap part of the $50 billion-a-year business that is holistic medicine, Oxford Health Plans Inc. of Norwalk, Conn. has announced it is establishing a network of "naturopathic" providers. The HMO plans to add 1,000 providers to its roster of 33,000 traditional physicians. While holistic medicine has long been controversial, Oxford is hoping to stave off criticism by "credentialing" such practitioners, much as it does with its traditional physicians. The alternative services will be available to patients in Connecticut, New Jersey and New York, and will cost about 3% more in higher premiums.

■ New York

New taxes expected as result of deregulation... The state's plan to eliminate its hospital rate-setting program, in an effort to lower health-care costs, is actually expected to generate $2 billion a year in new taxes on employers and insurance companies. The state has established a new 8.18% tax that will be imposed on all hospital-based care, lab tests and other services as a means of financing care for the indigent; a tax of up to $385 a year per family that will be levied to pay for physician training; and penalty taxes of up to 50% on employers who refuse to pay the new taxes on a steady, monthly basis. In addition, for some companies, the administrative costs of complying with the state's requirements are expected to raise the cost of managing benefit plans by 2% to 4%.

■ Washington, D.C.

Drive-through mastectomies revisited... The American Association of Health Plans, reacting to criticism that HMOs are encouraging drive-through mastectomies, has adopted a resolution that "health plans do not and should not require outpatient care for removal of a breast." The recommendation spells out that the decision should be left to physicians after consulting with patients. The association issued its statement in reaction to one circulated by an industry consultant that calls for outpatient mastectomy as a "best-case scenario." The association's guidelines apply to full mastectomies and lumpectomies, but not to surgical breast biopsies. In January, *OHIO Medicine* reported about the introduction of a bill in Connecticut that would require a minimum two-day hospital stay following major breast surgery. ■

HEALTH CARE LEGAL SERVICES

Vorys, Sater, Seymour and Pease offers a full range of health law services. Its health care practice provides counseling in: [1] Physician contracting and medical staff issues [2] Managed health care [3] Integrated delivery systems [4] Hospital governance [5] Fraud and abuse [6] Stark II physician self-referral issues [7] Physician organizations and reorganizations [8] Corporate compliance plans [9] Employment issues for health care providers [10] Medicare and medicaid reimbursement [11] Eldercare issues including medicaid and living wills [12] Tax, employment benefits and charitable exemption issues.

In addition to medical malpractice, Vorys attorneys have represented health care provider defendants in a variety of civil and criminal matters including alleged medicare and medicaid fraud.

Vorys, Sater, Seymour and Pease is an internationally recognized law firm of more than 285 attorneys with offices in Cincinnati, Columbus, Cleveland and Washington, D.C. Founded in 1909, it is one of the largest law firms in the Midwest and among the 100 largest firms in the nation.

For more information, contact one of the following attorneys:

In Columbus: James P. Friedt ~ Charles S. DeRousie ~ Alan T. Radnor ~ Laura G. Kuykendall
J. Timothy Young ~ Jacklyn Ford
In Cincinnati: Daniel J. Buckley ~ Glenn V. Whitaker ~ Stephen S. Eberly ~ Laura H. Martin
In Cleveland: F. Daniel Balment ~ Anthony J. O'Malley
In Washington: Stephen H. Brown ~ Ellen A. Efros

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http://www.vssp.com

$5 million health education center planned

Hamilton County

■ More than two dozen local health groups, including the Academy of Medicine of Cincinnati, are planning a $5 million health education center that will include a variety of exhibits, such as talking teeth, giant brains and an anatomically correct transparent mannequin that explains the workings of the human body. The center will also have auditoriums to conduct health education programs for children, teens and adults. A location is still being considered – the Cincinnati Museum Center is one possibility. The planners hope to have the center open in two years. The center is the brainchild of the Alliance for Health Promotion, a coalition started in 1992 that includes the academy, the Greater Cincinnati Hospital Council, the United Way & Community Chest, and 23 other local organizations. "We think this center has wonderful potential and could have a huge impact on the entire area," says Russell Dean, executive director of the academy and upcoming president of the Greater Cincinnati Alliance for Health Promotion.

Franklin County

■ A joint meeting of the Academy of Medicine of Columbus and Franklin County and the academy's Alliance will be held March 4 at the Capital Club beginning at 6 p.m. JoAnn Davidson, speaker of the Ohio House of Representatives, will address budgeting issues, including "Who's going to carry the burden of health-care costs?" For more information contact Tracy Schiefferle at (614) 240-7410.

■ Bernadine Healy, MD, was the keynote speaker at the academy's annual meeting Jan. 13 at the OSU Fawcett Center. Nino Diiullo, MD, and Richard Nelson, MD, announced their candidacies for president-elect. The winner will be announced at the March council meeting.

■ The academy recently awarded $198,071 in grants to seven Columbus organizations for collaborative health projects and programs. Since 1993, the academy has funded more than $3 million health initiatives benefiting the local community. The most recent grants went to: **Africentric Personal Development Shop, Inc.**, ($32,430), for a project to decrease incidences of sexual and substance abuse of women and children; **Central Ohio Breathing Association** ($33,840), to prevent tobacco use targeting children ages 6-9; **Columbus Center for Media Education** ($32,000), to reduce exposure of youths to media violence through an educational program that removes cultural, economic and political support for media violence; **Drug-Free School Consortium** ($8,896), an intervention and treatment program to help students stop tobacco use permanently; **Epilepsy Association of Central Ohio, Inc.** ($49,445), a comprehensive seizure recognition, training and awareness program to educate public employees and the community who are likely to come in contact with epileptics; **Ohio AIDS Coalition** ($4,500), an educational program that offers residents respite from the demands of living with a chronic disease; **YWCA** ($36,960), a health and fitness resource center offering a library, computers, and onsite nurses and workshops. ■

How to assess a practice-management firm

■ *While such firms are prevalent these days, a number of factors should be considered before hiring one.*

IDS Newsletter

The growth of managed care and the competition it has created has so changed the nature of practice management that many physicians are turning to outside companies for help. If you're about to take the plunge for the first time – or perhaps switch companies – there are a number of criteria that should be considered.

In a recent issue of the OSMA's *Practicing in an Integrated Delivery System* newsletter, Mark T. Kocis and Valerie A. Loudenback of Infinity Management Services, Inc., discuss "Criteria to Consider When Evaluating Practice-Management Companies." Below are some highlights:

- **Determine what your practice needs are.** Some firms concentrate on offering traditional services such as reviewing coding procedures and installing computer systems. Others specialize in developing physician networks and negotiating contracts.
- **What types of arrangements does the company offer?** Does it operate on an hourly or a fixed-fee basis? Are rewards, incentives or penalties tied to the practice's performance? Can you get out of or change your contract at any time?
- **Who owns and controls the company?** A firm that reports to shareholders may be unable to lend many resources toward supporting the delivery of care. At the same time, a firm that is hospital- or investor-driven may not always best represent the interests of physicians they represent.
- **Will the company be able to meet your individual needs?** Does the firm focus on single specialties or multispecialties? Will there be an opportunity to share resources? What percentage of the company's business focuses on the types of services you need?
- **What is the firm's history and experience?** How long has the company been in business, where has it operated and what is the background of its management team? What is the turnover of its personnel? Perhaps more importantly, ask how many risk contracts the firm has negotiated and is managing. Have those arrangements been successful for the physicians involved?

Finally, remember that by going through a competitive-bid process, you will learn more about a company than you would if you select a firm because it is well-known or familiar. And, as always, have a trusted business adviser examine your selection and the contract before you sign.

What You Can Do: For more information about the IDS newsletter or to obtain copies, contact Traci Benzing, OSMA Division of Legal Affairs, at 1-(800) 766-6762, Ext. 132. ■

Senate members you should know

■ *These committee members and chairs will handle most of the health-care issues before the 1997 Legislature.*

Most of the health-care bills that fit under the Ohio State Medical Association's legislative priorities fall into one of two Senate committees – the Insurance, Commerce and Labor Committee, and the Health Committee. Here is a closer look at both of these groups:

Insurance, Commerce & Labor

Sen. Gillmor

Chair: Karen Gillmor (R-Old Fort)

Vice Chair: Eugene Watts (R-Galloway)

Members: Robert Cupp (R-Lima), Greg Di Donato (D-New Philadelphia), Nancy Chiles Dix (R-Hebron), Bruce Johnson (R-Westerville), Roy Ray (R-Akron), Judy Shurer (D-Shaker Heights), Gary Suhadolnik (R-Strongsville) and Alan Zaleski (D-Vermilion).

Sen. Gillmor is the new chair of this recently restructured committee, taking over the reins from Sen. Robert Cupp. Issues expected to come before this group include the controversial Managed-Care Uniform Licensure Act, the bill supported by the Ohio Department of Insurance that seeks to place all managed-care organizations (including physician-sponsored networks) under the same solvency standards. This committee is also likely to review the OSMA's Managed-Care Fairness Act, and legislative efforts that attempt to remove fraud and abuse from Ohio's Workers' Compensation system.

Health

Chair: Grace Drake (R-Solon)

Sen. Drake

Vice Chair: Karen Gillmor (R-Old Fort)

Members: Nancy Chiles Dix (R-Hebron), Scott Nein (R-Middletown), Tony Latell (D-Girard), Roy Ray (R-Akron), Judy Shurer (D-Shaker Heights), Gary Suhadolnik (R-Strongsville) and Patrick Sweeney (D-Cleveland).

Sen. Drake resumes her position as committee chair. Her history with health-care matters will stand her in good stead this year as the group tackles a number of bills covering a wide variety of health-care subjects. These are likely to include a second look at the "drive-through delivery" law (Senate Bill 199) that passed last year. This time, the committee will examine compliance with the law, as some insurers may not be providing reimbursement for the longer stays provided by the bill. Sen. Drake says she will also push health insurers to cover basic supplies and equipment needed for diabetes treatment. The committee may also study the area of long-term care. In addition, members of a subcommittee, formed to review the results of a seven-county pilot Medicaid managed-care program, will travel to Cuyahoga County this month or next to study the program's efforts there. ■

Who's making critical medical decisions?

■ *The AMA says at least 16 decisions should be left with physicians, not managed-care plans.*

The American Medical Association believes some medical decisions are so crucial to quality patient care that they must remain in the hands of physicians rather than managed-care plans. As a result, the AMA will distribute to its members, to the managed-care industry, and to health plan accrediting bodies, a list of 16 professional decisions that should not be ceded by a physician.

The AMA will encourage accrediting agencies to make compliance with the list a part of their criteria. The association is also encouraging physicians in integrated health plans to put a medical staff structure in place within their organizations. An organized medical staff, says the AMA, is one way for physicians to ensure a substantial role for setting guidelines and reviewing quality of care issues in an MCO.

The 16 decisions that the AMA says are critical for physicians to retain include:

1. What diagnostic tests are appropriate.
2. When and to whom in-plan physician referral is indicated.
3. When and to whom out-of-plan physician referral is indicated.
4. When and with whom consultation is indicated.
5. When hospitalization from the emergency department is indicated.
6. When nonemergency hospitalization is indicated.
7. Choice of in-plan service sites for specific services.
8. Hospital lengths of stay
9. The frequency and length of office/outpatient visits or care.
10. Use of out-of-formulary medications.
11. When and what surgery is indicated.
12. When termination of extraordinary/heroic care is indicated.
13. Recommendations to patients for other treatment options, including noncovered care.
14. Scheduling on-call coverage.
15. Terminating a patient-physician relationship.
16. Whether to work with and what responsibilities should be delegated to a mid-level practitioner. ■

Regional HCFA administrator appointed

Dorothy Burk Collins has been named regional administrator of Region V for the Health Care Financing Administration (HCFA). Burk Collins and her staff are responsible for overseeing the Medicare and Medicaid operations in Illinois, Indiana, Michigan, Minnesota, Ohio and Wisconsin.

Burk Collins replaces Chester Stroyny, who retired last January. In the interim, she served as acting administrator. ■

Meet Your Councilor

This month, *OHIO Medicine* introduces the membership to the Medical Student Section president, who represents that group on the OSMA Council.

Name: Bret R. Scher

Age: 24

Birthplace: San Diego

Represents: Medical Student Section

My family includes: My parents and my sister.

I decided to represent the Medical Student Section because: I wanted to help build leadership among the students and encourage involvement in organized medicine.

My major goal this year will be to: On a personal level, to learn as much as I can about the OSMA, the workings of the association and how I can have a positive influence. As president of the MSS my goal is to get as many students involved and be a teacher to them. I'd like to help them become lifelong activists in organized medicine.

My major accomplishment is: Finishing the Iron Man competition.

I'd give anything to meet: Moses – because he was a great leader and a very influential person.

Nobody knows I'm: A triathlete and I like nothing better than to spend my free time riding my bicycle 12 hours a day.

Scher

If I had not become a physician, I'd be: An athletic special events organizer for medical causes.

The three words that best describe me are: Motivated, organized and relaxed.

If I find time, I like to spend it: Exercising my body, since I spend so much of my time exercising my mind.

If there were only one thing I could do for the Medical Student Section, it would be: To have some of my enthusiasm for our role in medicine rub off on the other medical students.

I think the top three issues facing medical students today are: 1) Graduate medical education funding; 2) reduction in the size of residency classes; 3) uncertainty of what our future will be.

Address: 1388 Forsythe Ave., Columbus, OH 43201, (614) 297-8725. ■

Bankruptcy doesn't dismiss medical bills

■ *Filing bankruptcy doesn't excuse medical expenses that are specified in a divorce decree.*

An ex-spouse who files bankruptcy cannot discharge financial obligation for his or her children's medical insurance and expenses, an Ohio Court of Appeals has ruled.

The decision comes in the case of an ex-husband who, after filing bankruptcy, failed to continue paying for his children's medical insurance and expenses, as per his divorce decree.

His ex-spouse, facing mounting bills and what she claimed was an inability to secure medical insurance or treatment, asked the court to review what constitutes a dischargeable debt.

The court ruled that a medical debt owed as part of a spousal divorce agreement (which may include child support) isn't dischargeable.

The decision is an extension of sorts of Senate Bill 150, which was passed in late 1995.

"Senate Bill 150 basically protects the party that isn't responsible for medical insurance and expenses after a divorce," says Chris Bostick, JD, OSMA legal counsel. "It requires a physician to continue to treat the patient or patients – in this latest case, a woman and her child – even though the woman's ex-spouse stopped paying the medical bills."

The bill does, however, place some burden on the so-called "nonresponsible spouse" to provide a physician with information about the party responsible for medical insurance and expenses.

"The spouse who is seeking health care has an obligation to supply the physician with as much information as possible so that he or she can attempt to collect their fees," Bostick says.

There was some concern when SB 150 was passed, however, that "deadbeat dads" (and moms) would try to shirk their financial responsibility by ultimately claiming bankruptcy, and that's why this latest court decision is important.

"The Court of Appeals decision says that medical expenses are not dischargeable debts if they are part of the spousal divorce agreement," Bostick says. "It sends a message that declaring bankruptcy is not an excuse for not paying.

"This case is important," Bostick continues, "in that it gives physicians who are trying to collect a medical debt a little more leverage." ■

Marijuana debate expected to continue

A loophole in Ohio law that makes the medicinal use of marijuana legally defensible is likely to be closed by state legislators soon – perhaps by the time you read this – but the debate over legalizing the drug may not be over.

For a Better Ohio is the name of a group that began to circulate a petition late last year that would force state legislators to discuss legalizing the medicinal use of marijuana. So far, about 30,000 signatures have been collected to force a debate. About 100,000 signatures are needed. If the General Assembly is made to consider the issue, but passes a law prohibiting the use of marijuana for therapy, the group could then collect another 100,000 names and put the subject before voters.

That's what happened last year in Arizona and California when, after months of legislative debate, the subject of legalizing marijuana for medicinal use was placed on the ballot and passed by voters.

Current Ohio and federal laws prohibit physicians from prescribing Schedule I drugs (including marijuana) that don't have a recognized medical purpose.

Supporters of an Ohio law to legalize pot for patients say their law would set up a way to ensure that patients who need marijuana receive it, including allowing Ohioans to grow plants for their own use. ■

Doctors' Incomes On Rise

Median incomes for physicians rose nationally by 6.7% in 1995 after declining 3.8% in 1994.

Median Change in Incomes By Group

	1995	Change
All physicians	$160,000	+6.7%
Anesthesiology	$203,000	+1.5%
General/family	$124,000	+12.7%
Internal	$150,000	0.0%
OB-GYN	$200,000	+9.9%
Pathology	$185,000	+21.7%
Pediatrics	$129,000	+17.3%
Psychiatry	$124,000	+3.3.%
Radiology	$230,000	+4.5%
Surgery	$225,000	+2.7%

Source: American Medical Association survey of patient care physicians, excluding residents

Patient education key to managing asthma

A two-year pilot program offered by Anthem Blue Cross and Blue Shield involved intensive training for doctors and patients about how to manage asthma flare-ups.

With proper education on medication use, the study found that asthma patients (3,500 participated) could limit their number of emergency department visits.

The results showed that the percentage of patients seeking emergency care for asthma dropped from 44% two years ago to 26% during the past year.

The success of the program has encouraged Anthem to expand the program throughout Ohio, Kentucky and Indiana. The insurer also plans education programs for other chronic health conditions.

Asthma affects more than 14 million people nationwide, and has been becoming more common in recent years. New asthma cases grew 42% from 1982 to 1992 and deaths increased 40% during that time to more than 5,000 a year.

The cost of caring for asthma patients exceeds $6 billion a year, including 500,000 hospitalizations and 15 million physician visits, reports the *Cincinnati Enquirer*.

Proper education may keep asthma patients from making visits to hospital emergency departments.

Contrary to policies at many HMOs, which encourage patients to see primary care doctors instead of specialists to save money, patients did better when cared for by asthma specialists rather than generalists. ■

Ask the Legal Department

Q: If I am a provider for "Plan A" of an HMO, will the terms of my contract apply if I see a patient who is enrolled in "Plan B" of the same HMO?

A: That depends on your contract. Some HMOs are now inserting clauses that hold physicians to the contract terms of one contract whenever they treat patients enrolled in another product offered by the HMO. Such a stipulation forces the physician to comply with the restrictions (and possible lower reimbursement schedule) of a plan, even though he or she doesn't serve as a network provider for the product that covers the enrollee. A typical clause in such a contract may read:

Scope of Agreement

"This agreement applies to all covered services you provide. Certain other MCO programs require or offer incentives to Covered Persons to utilize a limited panel of providers to provide Covered Services. If you are not a contracting provider in another limited panel program, and you provide Covered Services to a patient who is enrolled in another limited panel program, all of the terms of THIS AGREEMENT will apply to those services, and MCO will pay you directly at the MCO plan reimbursement level for this agreement for Covered Services rendered, less any applicable coinsurance and deductible amounts."

While such clauses aren't found in every contract, they are becoming more and more common. Physicians would do well to read contracts thoroughly before signing and attempt to negotiate out any clauses that require them to apply the terms of one contract to other products offered by the managed-care plan, to which they don't belong.

Coding Corner

Q: Are there any new CPT modifiers that I should know about for the coming year?

A: There are two new CPT modifiers and one modifier that has had its description revised. These modifiers are to be used with surgical and diagnostic procedures only, and are not used with the Evaluation and Management Service codes.

Modifier -53 (Discontinued Procedures) is used to indicate any situation in which the entire surgical procedure to be performed was discontinued for reasons determined by the physician, wherein the patient's well-being is threatened (e.g., cardiac arrhythmia, hypo/hypertensive crises), or the surgical procedure cannot be carried out because of faulty instruments, etc. This modifier's intent is to indicate that the procedure will be carried out at a later date. It is not used to report the elective cancellation of a procedure prior to the patient's anesthesia induction and/or surgical preparation in the operating room. Modifier -53 is different from Modifier -52 (Reduced Services/Procedures), which is used to indicate that only a portion of a service or procedure has been eliminated by the physician for whatever reason, and that particular portion will not be carried out at a later date.

Modifier -59 (Distinct Procedural Services) is meant to replace HCFA Modifier -GB. This modifier is used to identify circumstances in which a procedure normally designated as a "separate procedure" is carried out independently, or procedures that are not normally reported together are performed independently or considered unrelated or distinct from other procedures/services provided at the time. The procedures may be performed at different sites or organ systems, unrelated and performed at the same session, or two procedures performed at different sessions or encounters on the same day.

Modifier -51 (Multiple Procedures) has been revised to clarify that it is not to be used with any "add-on" codes in the CPT such as codes that are described as "each additional..." and so on. The intent is to indicate that multiple procedures are simply services performed on the same date or during the same session and do not necessarily represent procedures that require lesser work. It is meant to reflect work that may be performed in conjunction with other work on the same date or session.

Dayton doctors settle Western Ohio lawsuit

A Dayton HMO will pay $9 million to settle a lawsuit brought by four physicians and the Ohio attorney general's office.

United HealthCare of Ohio, formerly Western Ohio, agreed to pay $8 million to the Physicians' Charitable Foundation of the Miami Valley and to provide another $1 million worth of health-related services to charity, however, United HealthCare did not admit any wrongdoing.

The original lawsuit was filed in 1993 by four physicians alleging that HMO officials fraudulently profited in a stock deal in the 1980s. Attorney General Betty D. Montgomery joined the lawsuit last year claiming that Western Ohio officials underestimated the HMO's projected earnings.

Established originally as a nonprofit company, Western Ohio Health Care Plan later became a for-profit company. Until 1988 it was owned by the nonprofit Western Ohio Foundation for Medical Care, predecessor of the Physicians' Charitable Foundation.

Allegedly, some local physicians who controlled the boards of both the HMO and the foundation intentionally undervalued the stock, then later transferred the stock from the nonprofit to the for-profit HMO and themselves, making millions in the sale of Western Ohio Health Care to United HealthCare Corp.

The windfall came after hundreds of area physicians gave up fees estimated at $6 million to $9 million to keep the HMO afloat during its lean years. ■

New option for HIV-exposed workers

■ *A combination of drugs can reduce the risk of infection.*

Help is on the way for health-care workers exposed to HIV infection. Three Columbus hospitals – Grant Medical Center, Riverside Methodist Hospitals and Ohio State University Medical Center – have systems in place to lower the risk of infection in health-care workers accidentally exposed to the AIDS virus.

While exposure may be rare in some hospitals, a spokesperson for OSU says there are 20 to 30 exposures a month at its medical center.

The Centers for Disease Control (CDC) has found that a combination of three drugs – zidovudine, lamivudine and the new protease inhibitors, including the drug indinavir – can effectively reduce the risk of HIV infection. Protease inhibitors are a new class of drugs that when combined with the older AIDS drugs reduces traces of HIV in infected patients.

The CDC reports that the average risk for HIV infection from all types of reported exposures is about one in 300. For deeper penetration with a hollow needle containing HIV-infected blood, the risk is 16 times higher.

Treatment is not cheap. A one-month supply of pills is about $1,000. The three hospitals cover treatment for employees, and those outside of the hospital receive a three-day supply and a prescription that their employer either covers or doesn't. No one is turned away.

Treatment is not cheap. A one-month supply of pills costs about $1,000.

Some side effects from the drugs include headaches, nausea and pancreatic infection.

Teresa Long, MD, Columbus' medical director and president of the Columbus and Franklin County Academy of Medicine, is determined to see that the entire community has information about where to send health-care workers who are exposed to HIV. ■

AIDS drugs available to indigent

A $2.6 million federal grant will allow the state to provide expensive AIDS drugs to poor patients beginning April 1.

The Ohio Department of Health's AIDS Drug Assistance Program will begin offering protease blockers to patients who lack adequate health insurance but do not qualify for Medicaid. An HIV-positive patient must earn less than $1,410 per month to qualify, although the salary can be slightly higher if the patient supports dependents.

The state doesn't currently pay for protease inhibitors for the 400 patients now in the program, but an increase in federal funding (from $800,000 to $2.6 million) is expected to make it possible in April. The state currently spends about $5,500 per year per patient, but that figure is expected to rise to $12,000 with the inclusion of protease blockers. The number of patients in the assistance program is also expected to rise – about 40% the first year and 25% the second.

In order to continue offering patients protease inhibitors, the ODH estimates that it will need several million dollars per year, although it has not indicated where that money will come from. ■

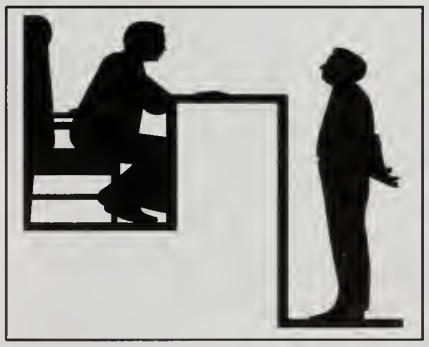
Grievance procedures "inadequate"

■ *Medicare patients are given little chance to fight HMO denials of service, a judge rules.*

A ruling by a judge in Arizona that members of Medicare HMOs must have available avenues of recourse when they have a complaint could have consequences that reach across the nation.

A federal judge recently ruled that Medicare HMOs must notify members of the rules regarding grievance procedures and enrollees' right to appeal.

"The judge essentially said that Medicare HMOs must provide enrollees with due process," says Chris Bostick, JD, OSMA legal counsel. "And while there are no similar cases pending in Ohio that I'm aware of, HMOs offering Medicare products will likely be following these grievance procedures to prevent such claims in Ohio."



A judge has ruled that patients must be notified of their rights when filing a complaint.

10 RULES HANDED DOWN

Specifically, the judge has developed 10 minimum standards that HMOs must now meet with regard to notice and hearing requirements (some of the standards listed below have been combined):

- Patients must be notified of any and all denials of service in a timely fashion.
- Such notification shall be readable (at least 12-point type) and shall state the reason for denial clearly.
- The enrollee must be informed of all appeal rights, as well as the right to a hearing on reconsideration (during which additional evidence may be presented).
- The patient must be instructed on how to obtain supporting evidence, including medical records and supporting affidavits from the attending physician.
- If a hearing is warranted, it shall be an informal, in-person communication with the decision-maker.
- A hearing shall be available upon request for all service denials and shall be timely according to the severity of the medical condition (i.e., immediate hearing for acute-care service denials).

The Arizona ruling is significant for elderly patients, more than four million of which belong to Medicare HMOs nationwide (with 50,000 additional signing up every month). Each year, about 3,000 Medicare HMO patients request a federal review of coverage disputes. ■

Term limits to empty Legislature by 2000

■ *The House of Representatives will lose 65 of its members at the turn of the century. Fifteen senators will depart in 2002.*

When Ohio voters agreed to set limits on the length of time legislators could serve in office, there was no immediate effect. But just wait until the year 2000.

The Ohio State Medical Association has developed charts that show what effect term limits will have in both the Ohio House of Representatives and the Ohio Senate once the century turns, and the final results are staggering. In the year 2000, for example, the Ohio House will lose 65 of its 99 representatives, among them Rep. Pat Tiberi (R-Columbus) who helped steer the tort-reform bill to victory; Rep. Dale Van Vyven (R-Sharonville), longtime chair of the House Health, Retirement and Aging Committee; House Speaker Jo Ann Davidson (R-Reynoldsburg); and OSMA Alliance member Rep. Rose Vesper (R-New Richmond). In 2002, 21 more House seats will open, with a dozen more becoming vacant in 2004.

When Ohio voters elected to limit the terms of legislators, they opened the door for other political aspirants – including physicians.

In the Senate, similar vacancies occur. Eight senators will leave in 2000, including Health Committee Chair Sen. Grace Drake (R-Solon). By 2002, 15 seats will open with eight more senators scheduled to leave in 2004, and one senator set for departure in 2006. (These figures will change when two senators leave to serve as judges. They are likely to be replaced by two House members.)

For political aspirants, there couldn't be a better time to seek office. The OSMA is encouraging any physician (or alliance member) who may be interested in running for the state Legislature to delay or speed up their campaign plans accordingly in order to take advantage of the opportunities afforded by term limits. Medicine may lose some of its legislative friends as the next millennium plays out, but it could be strengthened by placing a few of its own in House and Senate seats.

What You Can Do: If you would like a copy of the term-limit charts (Ohio House and Senate), contact Phyllis Wardell, *OHIO Medicine*, at 1-(800) 766-6762, Ext. 230. If you are interested in seeking a political office, contact Krista Bistline, OSMA Department of Legislation, Ext. 223. ■

Specialty Society Calendar

May 10-11	Ohio State Radiological Society Annual Meeting Cleveland Wyndham Hotel Cleveland, OH **Contact: Anitra Metheny, (614) 486-2401, Ext. 161**
Aug. 15-16	American College of Physicians/Ohio Society of Internal Medicine Annual Meeting Hyatt on Capitol Square Columbus, OH **Contact: Anitra Metheny, (614) 486-2401, Ext. 163**
Sept. 26-28	Ohio Dermatological Society Annual Meeting Hyatt on Capitol Square Columbus, OH **Contact: Vickey McVay, (614) 486-2401, Ext. 321**

If you have questions pertaining to activities of specialty societies not listed here, please contact Anitra Metheny at 1-(800) 766-6762.

Communities upset over delays in tobacco law

■ *Some are taking matters into their own hands, outlawing tobacco possession by youths aged 18 and under.*

Legislators wrestled last year with a bill that would toughen the penalty for those who sell cigarettes to minors. The bill died at the end of the 1996 legislative session, so several Ohio communities have decided to take the matter of minors and tobacco possession into their own hands.

Cincinnati is one of the areas that recently outlawed tobacco possession by minors, and now the Miami Valley Health Improvement Council is urging legislators to adopt a statewide ban that would prohibit minors under the age of 18 years from using tobacco unless in the presence of a parent or guardian.

RECOMMENDED PUNISHMENTS

Included in the resolution will be recommendations for punishment. First-time offenders and their parents would attend a smoking cessation class. For a second offense, the youth would be required to perform 30 hours of community service with the American Cancer Society, hospice, coroner's office or other agency that oversees care for tobacco's victims. Third-time offenders would have to attend the class, perform the service and write a 1,000-word essay that warns of the dangers of tobacco and urges other students not to use it.

Current Ohio law does not hold minors responsible for their smoking habits, but does punish vendors who sell cigarettes to minors. The crime is a fourth-degree felony, punishable by up to 30 days in jail and fines of up to $250 for individuals and $2,000 for organizations.

The American Cancer Society would like tobacco vendors licensed and regulated in the same manner as those who sell alcohol. If merchants repeatedly sold cigarettes to minors, their license to sell tobacco could be taken away for an amount of time.

So far, no new legislation regarding minors and tobacco has been introduced at the Statehouse. ■

JOHN LARKIN, MD, Cincinnati, has been named medical director of Integra Work, the Integra Group's Workers' Compensation program, which has been certified by the Ohio Bureau of Workers' Compensation. Dr. Larkin is an orthopedic surgeon.

Colleagues

ANTOINETTE PARISI EATON, MD, a Columbus pediatrician who helped bring an end to so-called "drive-through deliveries" in Ohio and was the first woman to head the American Academy of Pediatrics, has been chosen 1997 Champion of Children. The Champion of Children is chosen annually by a group of 14 community leaders and is sponsored by the Columbus Montessori Education Center.

HENRY A. NASRALLAH, MD, Columbus, chair of the department of psychiatry at The Ohio State University Medical Center, has received the 1996 Exemplary Psychiatrist Award by the National Alliance for the Mentally Ill. The award is given to psychiatrists who provide outstanding care and support to persons with severe mental illnesses and work with family members to ensure the best possible outcome.

MARION ONG, MD, Canton, is this year's recipient of the Aultman Hospital Golden Apple Award. The Golden Apple Award is presented by the Aultman medical staff each year to the physician making a significant contribution to the hospital and the medical staff.

RICHARD ROOD, MD, a Willoughby gastroenterologist, has been elected to serve as president of the Lake County Medical Society for 1997.

ROBERT RUBERG, MD, Columbus, director of the division of plastic surgery and chief of the medical staff at The Ohio State University Medical Center, has been elected treasurer of the Plastic Surgery Educational Foundation (PSEF). Based in Arlington Heights, Ill., the PSEF is the research and educational arm of the American Society of Plastic and Reconstructive Surgeons, the largest organization of board-certified plastic surgeons in the world.

ROBERT N. SMITH, MD, Ottawa Hills, a retired anesthesiologist and past president of the OSMA, has been appointed by Gov. Voinovich to the Ohio Public Health Council for a term expiring June 30, 2002. The council deals with the state sanitary code and considers any matter related to the preservation and improvement of public health. ■

Medicare payments up $150 million

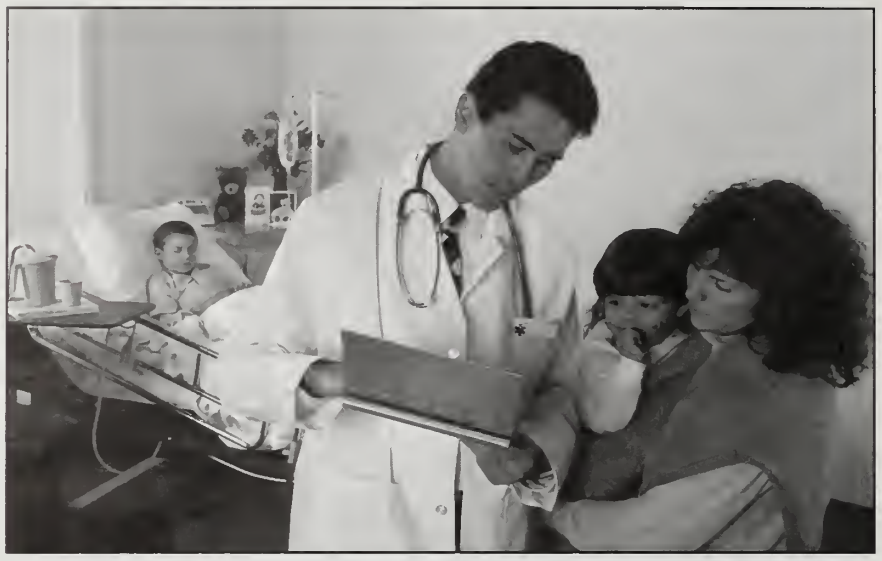
Medicare Part B payments reached $1.9 billion in Ohio and West Virginia for fiscal year 1996, an increase of $150 million over the previous year, according to Nationwide-Medicare, the federal government's Part B carrier for the two states.

Ohio, which has nearly 1.7 million Medicare beneficiaries, accounted for $1.7 billion in claims payments for beneficiaries and providers, while West Virginia, with an estimated 300,000 beneficiaries, totaled $237 million in claims.

The number of claims processed by Nationwide-Medicare also increased – to 33.8 million, or 1.9 million more (5.9%) than in 1995. The number of claims filed electronically went up slightly, as well – to 80% compared with 76% in 1994. ■

Law shields HMOs from lawsuits

■ *Plans are claiming they aren't responsible for their physicians' negligence.*



Physicians and patients alike allege that malpractice occurs when HMOs limit access to care in order to control the bottom line.

The federal government may have to take action to correct a law that is being used by health-maintenance organizations to shield themselves from malpractice suits.

In a number of recent lawsuits brought nationwide, more and more HMOs are claiming that, as administrators of health plans, they have no liability for any malpractice that occurs.

Patients and physicians alike are up in arms, alleging that malpractice often occurs as a result of HMOs limiting access to care and forcing doctors to change clinical decisions based on the HMO's bottom line. The HMOs have countered that, ultimately, they can't be held legally responsible for medical decisions that are made by physicians.

HMOs are insisting that malpractice claims against them are preempted by the 1974 Employee Retirement Income Security Act (ERISA), a federal law that governs employee benefits. The federal law, they say, supersedes any state laws concerning malpractice cases.

Champions for physicians and patients say that while ERISA was never meant to remove longstanding protections afforded employees by state malpractice laws, state and federal laws have apparently not kept pace with the changing health-care industry.

The government, which has filed a number of friend-of-the-court briefs disagreeing with the HMOs' position, is considering legislative proposals that would clarify the rights of employees and their dependents who receive health care through HMOs. ■

Additional free clinics available

In its December issue, *OHIO Medicine* publicized an OSMA physician's guide entitled *County Free-Clinic Programs*. Charles Casto, MD, called to inform us of two clinics he's involved with that missed the deadline for the publication. They are: Barberton-Summit County Free Clinic, Tuesday afternoons, 2-4 p.m., and every other Wednesday, 10 a.m to noon and 4-7 p.m., (330) 745-7471; Open M-Akron-Summit County Free Clinic, office hours, Thursday 5-8 p.m., (330) 434-1111. Both are financed by donations and sponsored by the Open M Inter City Ecumenical Ministry. Dr. Casto pointed out that the free clinics need publicity, because if the number of patients served does not show a steady increase in the next four years, the Good Samaritan law will be in danger. Dr. Casto said it took five years to get the law on the books. ■

Do You Know An Outstanding Young Physician?

OHIO Medicine would like to recognize young physician members who exemplify the best of medicine's upcoming "movers and shakers."

If you know a physician who is an OSMA member, under the age of 40, and who has displayed outstanding service to his or her profession, community or to organized medicine, we would like to hear from you. Please complete the nomination form and send to:

OHIO Medicine
Young Physician Recognition
1500 Lake Shore Drive
Columbus, OH 43204-3891

Or fax your form to (614) 486-3130.

Won't you please help us recognize those outstanding young physicians in your community or specialty? A feature recognizing this new generation of talent will be published in our December 1997 issue.

Young Physician Recognition Ballot

I would like to nominate:

Name _____

Address _____

City _____ State _____ ZIP _____

Phone number _____

Reasons for nomination. Briefly list services, activities, positions held, etc. (use another sheet if necessary):

_____

_____

_____

Name of nominator _____

Phone number _____

(in case additional information is needed)

OHIO Medicine Resource Guide

Helpful resources are a phone call away. For more information on those items listed in this month's issue, refer to the appropriate page number provided below.

In This Month's Issue:

■ ***Consulting Services Directory...****page 1*

Book 10 in the *Navigating Change* series has been updated. The directory has compiled consultants specializing in managed care and contains information on managed-care products and services available from the OSMA and the AMA. Copies are free to OSMA members (additional copies are $20). Nonmembers may order a copy for $60. Contact the OSMA Division of Public Affairs at 1-(800) 766-6762.

■ **OSMA resolutions guidelines...***page 3*

The OSMA has available guidelines for submitting resolutions to its House of Delegates, which will consider the resolutions at its Annual Meeting, to be held this year in Columbus, May 16-18. For a copy of the guidelines, call Susan Paulus, OSMA, at 1-(800) 766-6762, Ext. 115. Resolutions must be filed by March 17.

■ **Provider billing material...***page 3*

An updated guide is in the mail to all providers certified under the Bureau of Workers' Compensation Health Partnership Program (HPP). Included in the manual are conversion factors for calculating reimbursement claims for services made on or after March 1. A new provider fee schedule is also expected to be mailed this month. If you have not received a copy, contact the BWC at 1-(800) 477-2292.

■ ***Health Care Infomatics...****page 6*

Interest in this trade publication was stirred by the December "Computer Chat" column, which addressed how to choose the right billing system. The publication lists the top 100 national health-information vendors as well as information about each product and business. Copies of the June 1996 vendor issue may be purchased for $8 from McGraw Hill. Call (612) 835-3222.

■ **OSMA *Medical Group Practice Directory...****page 9*

A special discounted rate is being offered to nonmembers on the 1996 directory: $50 plus shipping (regular nonmember price is $95). OSMA members may still receive a complimentary copy of the 1996 directory if they have not yet received one. Contact Donna Mason in the OSMA's Department of Group Practice Services at 1-(800) 766-6762, Ext. 107 to order a copy.

■ **Speakers from OCALA...***page 10*

The grassroots group known as Ohio Citizens Against Lawsuit Abuse will provide speakers to talk to your group about the need to stop lawsuit abuse in Ohio. Call the OCALA office at 1-(800) 668-5266.

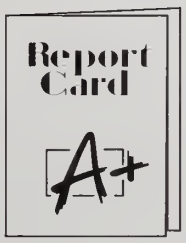
■ **Assessing practice-management firms...***page 15*

This month's *Practicing in an Integrated Delivery System* newsletter features "Criteria to Consider When Evaluating Practice-Management Companies." The IDS newsletter is published each month by the OSMA's Division of Legal Affairs, and covers a variety of legal and socioeconomic topics. To obtain this month's copy or back issues of the newsletter, contact Traci Benzing, OSMA Division of Legal Affairs, at 1-(800) 766-6762, Ext. 132.

■ **Term limit effects charts...***page 24*

The Ohio State Medical Association has prepared charts that show when members of the Ohio House and Senate will be forced from office by term limits. If you are interested in a copy of the charts, contact Phyllis Wardell at 1-(800) 766-6762, Ext. 230.

Report grades Cincinnati health plans



Health plans in the Cincinnati area are being ranked in six categories in order to give employers – and consumers – a way of comparing apples with apples.

The study, commissioned by five of Greater Cincinnati's largest employers, grades 17 of the area's largest health plans according to quality of clinical care; costs; access to physicians; customer satisfaction; tracking and controlling how frequently benefits are used; and health-plan management.

Early results of the report show that "above average" plans include those offered by Anthem, ChoiceCare, Cigna, Prudential and United HealthCare. "Below average" plans include Aetna, Humana and Blue Cross & Blue Shield of Ohio.

While report cards have been issued in the past, this one is expected to generate more interest than usual, because it was commissioned by employers (Procter & Gamble, GE Aircraft Engines, Kroger, Cincinnati Bell and Federated Department Stores) and executed by a third party (Towers Perrin, a health benefits consulting firm).

The results of the report, which is to be distributed to insurance brokers and potential customers, are expected to encourage greater accountability among health plans. ■

Obituaries

NATHANIEL S. BEAR, MD, Cleveland, University of Pennsylvania School of Medicine, Philadelphia, 1956; age 66; died Sept. 3, 1996.

EDWIN R. BRODY, MD, Florida, George Washington University School of Medicine, Washington D.C., 1937; age 83; died Sept. 8, 1996.

NATHAN CHOMA, MD, Cleveland, University of South Florida, College of Medicine, Tampa, Fla, 1981; age 39; died Nov. 7, 1996.

VINCENT H. LINZ, MD, Cincinnati, St. Louis University School of Medicine, St. Louis, Mo., 1943; age 88; died Jan. 1, 1997.

ARMIN A. MELIOR, MD, Lucasville, Medizinische Fakultaet der Ludwig Maximilians Universitaet, Muenchen, Bayern Germany, 1940; age 83; died Dec. 22, 1996.

ALBERT W. VAN SICKLE, MD, Cincinnati, University of Rochester School of Medicine, Dentistry, Rochester, N.Y., 1932; age 88; died Dec. 18, 1996. ■

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OHIO Medicine

A Publication of the Ohio State Medical Association

OSMA moves on managed-care reform

■ *The OSMA and Kaiser Permanente of Ohio have agreed to jointly support managed-care reform legislation.*

At press time, the OSMA and Kaiser Permanente of Ohio were working with legislative leaders in Ohio to secure introduction of a bill that is expected to set the stage for managed-care reform in Ohio.

The legislation is the OSMA's response to members who have expressed a need for relief from certain managed-care practices, both for themselves and their patients. Among other actions, the bill would establish grievance procedures and allow more contract disclosures.

The OSMA wants to focus legislators' attention on broad managed-care reform, rather than taking a piecemeal approach. Kaiser Permanente, a leader in the managed-care industry, worked with the OSMA in helping to draft the bill. Kaiser's support will help demonstrate that reform won't place unreasonable restrictions on a plan's ability to conduct business in a cost-effective manner.

Among the OSMA groups that provided input on formulating the bill are: the Managed-Care Fairness Act Task Force, the Committee on State Legislation, the Managed-Care Committee, the Group Practice Advisory Committee, and officers and councilors.

In addition to the bill, the association has also drafted an 11-point "Philosophy of Patient Care," which reinforces the role of physicians as patient advocates. The philosophy will be used to help clarify for legislators and the public the profession's need for fairness in the area of managed care.

OSMA Managed-Care Fairness Act

What's in the bill:

- Corrective action process for physicians about to be terminated.
- More detailed disclosure from the plan and contracting physician.
- Ban on retroactive denial of payment.
- Standardized credentialing.
- Required physician participation in UR/QA procedures.
- Required registration of plans.
- 24-hour access to eligibility information for physicians.

What You Can Do: For a copy of the bill and/or a copy of the OSMA's "Philosophy of Patient Care," request Item #1 (the act) and/or Item #2 (the philosophy). Contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 228. For specific questions, contact the OSMA Department of Legislation at 1-(800) 766-6762. ■

(See related stories on pp. 3 and 10.)

News more accessible

■ *OHIO Medicine just simplified its pages.*

Your reading time is limited, but the OSMA wants to make sure you receive the latest news on matters that may affect your practice, and how the OSMA can help you in today's changing marketplace. Throughout 1997, staff will explore ways to better target these messages. In the meantime, we have designed several new features we hope will deliver the OSMA's message to you quickly and easily.

Reduced Size: *OHIO Medicine* will maintain its tabloid format but will reduce the number of pages it prints each month. You'll receive only the most important news occurring in the state that month.

Quick Read: Don't have time to even skim the headlines? Look for "What You Need to Know" on the cover of each issue. This section will summarize the issue's most important stories. If you have time and want more detail, this will point you to a story that contains more information.

Shorter Stories: Articles will provide you with the basic facts of the story – what you need to know *now*. Where appropriate, we'll let you know how you can send for more information.

OSMA Resources: The OSMA has a number of member services and products. Each issue will carry a response card, highlighting several of these resources. If you want copies of publications or more information, just check the appropriate box on the response card and send it in.

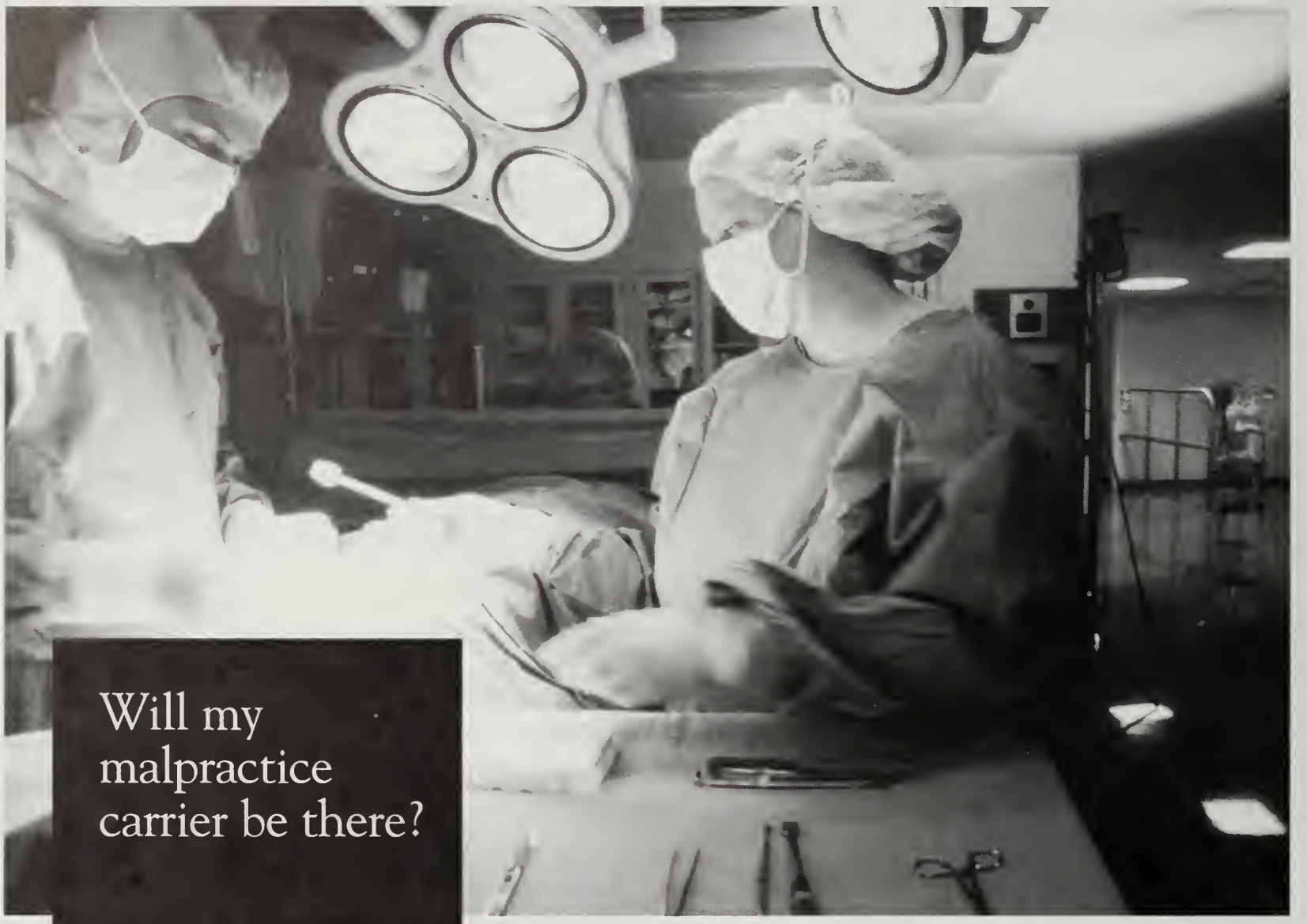
We hope these features will make it easier for you to stay updated. Let us know if there is anything else we can do to make sure you receive the news you need. Contact us at: *OHIO Medicine*, 1-(800) 766-6762, Ext. 232. E-mail: ohiomed@osma.org. ■

Photo by Jack Kustron

State encouraged to ban marijuana use

Columbus ophthalmologist Charles Hickey, MD, tells members of the Senate Judiciary Committee that even *Newsweek* magazine has explored the debate over the value of marijuana as therapy, especially in controlling pain. Dr. Hickey represented the OSMA in supporting a bill prohibiting marijuana users from using "medical purpose" as a legal defense. The bill is on a fast track through the Ohio General Assembly as legislators rush to close a loophole created when a little-noticed provision that appeared to legalize marijuana use was passed into law as part of a 1,000-page bill overhauling the state's criminal sentencing system. The OSMA supports efforts to correct the law.

Freedom From Fear



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Sharpen your political savvy

■ *A new OSMA publication makes contacting your legislator easier.*

The OSMA *Legislative Handbook* is a new publication designed to make it easier for you to contact your elected representatives. Included are tips on how to write, call and meet with your legislator. Sample letters are presented. Legislators' addresses and phone numbers are listed, and you can even find out who is sitting on what legislative committee.

Why do you need all this information? Simple. Lobbying is no longer enough these days to ensure that medicine's voice is heard at the Statehouse. Grassroots politics is the new solution, and that means it's more important than ever for each OSMA member to open a channel of communication to his or her senator and representative.

The new handbook makes that job easier. So, too, does the OSMA's Physician Legislative Action Network (PLAN). PLAN is the association's organized, grassroots effort to strengthen medicine's voice in Columbus and Washington, D.C. Members are kept aware and active on important health-care issues.

Make 1997 the year you become involved in determining the future course of medicine. Your patients are counting on you. And OSMA can help.

What You Can Do: PLAN members automatically receive the OSMA *Legislative Handbook*, but any OSMA member may request a copy. (Check the appropriate box on the reader response card attached to the front of this issue.) For more information or to join the Physician Legislative Action Network, contact Krista Bistline, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 223. ■

Task Force 2000 to meet this month

Task Force 2000 members (from left) Larry Yodlowski, MD, Richard Hoback, MD, and Roy Bontrager, MD, study some of the important issues that will shape the future course of the OSMA. The task force, charged with positioning the OSMA for the next century, will hold its fifth meeting March 21-22. A preliminary report, based on the group's five meetings, will be presented to the House of Delegates in May at the OSMA Annual Meeting.

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Sen. Oelslager introduces fairness bill

Sen. Scott Oelslager (R-Canton) has introduced a managed-care fairness bill (Senate Bill 33), similar in some respects to the OSMA's bill, that's designed to protect the interests of patients who receive their health care from HMOs and other managed-care organizations (MCOs). His bill includes provisions that would prohibit MCOs from using gag clauses, limiting their liability, offering incentives or bonuses for denying care, and requiring enrollees or providers to submit to binding arbitration. The Oelslager bill would also require MCOs to make a decision regarding approval of coverage for recommended health-care services within 72 hours and requires physician approval for generic or brand substitution.

There are some differences between the OSMA's and Sen. Oelslager's bill. For example, Sen. Oelslager calls for managed-care plans to be liable for patient harm, a provision the OSMA omitted from its bill. Missing from both bills at this time is mandated point-of-service, although that may be pursued at a later date.

What You Can Do: For a copy of a chart that compares the OSMA's bill with Sen. Oelslager's, request Item #4. Contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 228. For specific questions about either bill, contact the OSMA's Department of Legislation at 1-(800) 766-6762. ■

For more information on the OSMA's managed-care fairness bill, see the story on p. 1 and the president's report on p. 10.

Inside

■ **SOLVENCY LEVELS** for physician-sponsored networks are still set too high in a bill backed by the Ohio Department of Insurance, says the OSMA...**5**

■ **CORPORATE PRACTICE OF MEDICINE PROHIBITION** would be abandoned in a new bill that allows physicians, optometrists and other professionals to enter business together...**7**

■ **MEDICARE OVERPAYMENT DISPUTES** may be handled more efficiently if you complete and submit the correct forms for review...**8**

■ **HIV TESTING** – especially of young, sexually active adults – should be a routine part of your medical practice. The Ohio Department of Health can help with guidelines, other aids...**14**

■ **CHANGES IN YOUR PRACTICE MAKEUP** must be reported to Medicare, but the required form can be confusing. Here are some tips for filling it out correctly...**15**

■ **SURFING THE 'NET** can be easy, thanks to Physicians' Online, an Internet service that puts you in touch with physician discussion groups, disease research and OSMA activities...**19**

■ **MEDICARE/MEDICAID BILLING SEMINARS** are offered by the OSMA Ombudsman to keep you and your staff updated on changes in reimbursement procedures...**23**

Need More Information?

Selected *OHIO Medicine* articles run with an item number you can use to order free, additional information and reports. Call 1-(800) 766-6762, Ext. 228. Leave your name, address, phone number, the item number(s) you're requesting and the issue you're ordering from.

- Item #1 – OSMA's managed-care fairness act
- Item #2 – Philosophy of patient care
- Item #3 – Status report, managed-care uniform licensure bill
- Item #4 – Chart comparing OSMA fairness bill/Senate Bill 33
- Item #5 – Fact sheet, corporate practice of medicine bill
- Item #6 – Council minutes

Sandusky physicians form HMO, PPO

■ This rural group is betting that its community-based health plans will attract local employers.

A group of northern Ohio physicians, believing there's room for growth in the managed-care market, has formed its own health insurance corporation.

Vantage Health Plan is currently marketing health insurance products to employers in Erie, Huron, Ottowa, Sandusky and Seneca counties, with an eye on expansion.

"Managed care hasn't really hit us like it has the urban areas," says Steven G. Roshon, MD, a Sandusky oncologist and president of Vantage. "We think our timing is very good because we're rural. Employers want to work with local providers, and they haven't had a way of doing that until now, so our plan has generated a lot of enthusiasm."

REACTING TO THE MARKET

The seed for the idea was planted about 3 1/2 years ago, Dr. Roshon says, when a group of physicians decided to address the changes occurring in the local health-care market – namely, the onset of managed care. "We tried to identify problems, such as managed care taking away physicians' influence, especially when it comes to quality of care."

After numerous meetings with consultants and attorneys, the group formed Vantage Health Plan, a corporation owned by a majority of physicians with the sole purpose of keeping health care local. "We decided that we needed to offer a health-care product to employers in the area, and we decided that going through an intermediary was not an option," Dr. Roshon says. "We wanted to have a direct relationship with employers."

Vantage, which began with 120 physicians, currently has more than 330 providers and offers four insurance products:

- A preferred provider organization (PPO) for self-insured companies;
- An "access only" PPO for third-party administrators;
- An HMO; and
- A managed-care organization that is sanctioned by the Bureau of Workers' Compensation.

Facts About Vantage Health Plan

- Health insurance corporation offering two PPOs, one HMO and one BWC-sanctioned MCO.
- Currently serves Erie, Huron, Ottowa, Sandusky and Seneca counties.
- Has 330 providers in network.
- Currently contracts with two local employers for a total of 1,300 covered lives.
- 60% of the plan is owned by physicians, 30% by hospitals and 10% by a practice-management company.

Ownership of the plan is divided among three entities: 60% is owned by physicians, 30% by hospitals and 10% by a practice-management company.

The plan currently contracts with two local employers for group health benefits for a total of 1,300 covered lives. Dr. Roshon says that steps the group is taking makes him confident the patient base will expand.

"We've already gone out and talked to physicians in other counties about the plan, and they have been very receptive to it," Dr. Roshon says. "We strongly believe that physicians know enough about the health-care industry that they are able to carry through with something like this. Now, we want other counties to join us and become owners of this plan. Our goal is to become a major player in the marketplace."

What You Can Do: If you would like to know more about Vantage Health Plan, contact Steven G. Roshon, MD, at (419) 626-9090. ■

One-size solvency level still in insurance bill

■ *The OSMA says provider networks have a greater ability to make up losses than other managed-care organizations.*

The same Managed-Care Uniform Licensure Act (MCULA) that died last legislative session is scheduled to be introduced this session with little change. That puts the OSMA at odds again with the Ohio Department of Insurance (ODI), which drafted the bill and has placed the matter at the top of its list for 1997.

The OSMA wants "sweat equity" figured into solvency equations.

At issue is whether or not all managed-care organizations should be required to maintain the same levels of solvency protection as HMOs. The department has placed that level at $1 million.

Here's why the OSMA is opposed: The association recognizes that a new delivery system is emerging where health-care provider organizations are contracting directly with employers to provide either comprehensive health-care services or specialty type carve-out services. These entities, known as physician-sponsored networks (PSNs), contract directly with employers, bypassing insurance companies. These networks help physicians maintain their professional and institutional autonomy, and provide employers a potential for a higher quality and lower cost alternative to traditional health insurance.

The OSMA believes that PSNs are different from traditional HMOs.

"The department doesn't seem to agree with our notion that provider-sponsored networks have a greater ability to make up losses," says OSMA's Legislation Director Tim Maglione. "If a provider organization undertakes risk primarily for the services it renders directly, then it bears less financial exposure than an organization that undertakes risk for services it must purchase. We want to see some recognition in the solvency standards to take into account that difference."

So far, however, the ODI has maintained that its solvency standards are reasonable for PSNs, and the department is not expected to back down from this position.

The OSMA was successful in keeping the bill from passing last session, but it is likely to come up for a vote this session. If the proposal is reintroduced with the "one-size-fits-all" solvency requirement, the OSMA may take its argument to the Legislature and let it decide whether or not PSNs should be allowed to count sweat equity into the solvency equation.

What You Can Do: For more information on the Managed-Care Uniform Licensure Act, request Item #3, the MCULA Status Report. Contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 228. Leave your name, address, phone number, the item number you are requesting and the issue you are ordering from. If you have specific questions, contact Nick Lashutka, associate director, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 226. ■

Pending health-care bills – a status report

The following report lists health-care bills under consideration by the 1997 Ohio General Assembly. Where appropriate, OSMA positions on the bills have been presented. If you have questions, contact the OSMA's Department of Legislation at 1-(800) 766-6762. "For more information" refers you to separate articles on several of these bills that are included in this issue.

Senate Bills

Domestic Violence (Senate Bill 1)

Strengthens Ohio's domestic violence law and incorporates recommendations of the Ohio Supreme Court's Domestic Violence Task Force, including a provision that mandates continuing medical education courses in recognizing domestic violence for physicians and other professionals. (House Bill 3 has been introduced as a companion bill.)

Sponsor: Sen. Merle Kearns (R-Springfield)

Status: Judiciary Committee

Marijuana Use (Senate Bill 2)

Closes the loophole created during the last session. The bill eliminates "medical use" as an affirmative defense to a charge of marijuana possession. (For more information: See photo on page 1.)

Sponsor: Sen. Louis Blessing (R-Cincinnati)

Status: Passed, Criminal Justice Committee

OSMA Position: Support

Diabetes Coverage (Senate Bill 12)

Requires certain policies, contracts and plans to provide benefits for the diagnosis, treatment and management of diabetes and for diabetes self-management education.

Sponsor: Sen. Grace Drake (R-Solon)

Status: Health Committee

OSMA Position: Neutral with technical assistance

Nonprofit Health Transfers (Senate Bill 14)

Requires the state attorney general to review transfers of assets by certain nonprofit health-care entities to for-profit entities.

Sponsor: Sen. Grace Drake (R-Solon)

Status: Judiciary Committee

OSMA Position: Support

Mastectomy Coverage (Senate Bill 19)

Requires third parties that cover mastectomies to provide coverage for a minimum amount of inpatient care after the mastectomy, as well as coverage for certain physician-directed follow-up care.

Sponsor: Sen. Anthony Latell (D-Columbus)

Status: Insurance Committee

OSMA Position: Under advisement with technical assistance

Corporate Practice of Medicine (Senate Bill 31)

This bill will authorize optometrists, chiropractors, podiatrists and doctors of medicine to engage in their respective practices in a combined form of a professional corporation, limited liability company, partnership or professional association. (For more information: See story on page 7.)

Sponsor: Sen. Gary Suhadolnik (R-Strongsville)

Status: Insurance Committee

OSMA Position: Opposed

Managed-Care Fairness (Senate Bill 33)

Designed to protect the interests of patients enrolled in managed-care organizations (MCOs). The bill prohibits MCOs from using gag clauses, limiting their liability, or offering incentives or bonuses for denying care. (For more information: See page 1.)

Sponsor: Sen. Scott Oelslager (R-Canton)

Status: Health Committee

House Bills

Tattoo Regulation (House Bill 25)

Grants local health boards the ability to approve for operation those entities wishing to provide tattooing and/or body-piercing services.

Sponsor: Rep. June Lucas (D-Mineral Ridge)

Status: Economic Development Committee

OSMA Position: Support with technical assistance

Professional Licenses (House Bill 30)

Requires a licensing board to suspend the professional license of an individual on receipt of notice that the individual is in default on a federally or state-guaranteed educational loan or service-conditional scholarship.

Sponsor: Rep. Marilyn Reid (R-Beavercreek)

Status: State Government Committee

OSMA Position: Neutral with technical assistance

Flunitrazepam (House Bill 32)

Moves the drug Flunitrazepam (Rohypnol) from Schedule IV to Schedule I of the controlled substances schedule.

Sponsor: Rep. Marilyn Reid (R-Beavercreek)

Status: Health Committee

OSMA Position: Neutral with technical assistance

Health Insurance Co-pay (House Bill 59)

Requires that co-payment charges under sickness/accident insurance policies and HMO contracts be based on actual costs paid or payable, and requires insurers and HMOs to summarize the amounts paid or payable by each party on all billing statements relating to a covered medical cost or service.

Sponsor: Rep. Michael Fox (R-Fairfield)

Status: Insurance Committee

OSMA Position: Neutral with technical assistance

ADC/Medicaid (House Bill 62)

Revises the Aid to Dependent Children and Medicaid programs; provides for maternal and child health services; establishes penalties for causing an infant to be drug- or alcohol-impaired; and requires hospitals to provide the Department of Mental Health with postdischarge information about mental health patients.

Sponsor: Rep. Michael Fox (R-Fairfield)

Status: Health, Retirement and Aging Committee

Medical Tax Deduction (House Bill 132)

Permits elderly taxpayers having qualified medical expenses exceeding 25% of income to deduct those expenses from state, municipal and school district income taxation.

Sponsor: Rep. E.J. Thomas (R-Columbus)

Status: Ways and Means Committee

OSMA Position: Support

Health Insurance/Domestic Violence Victims (House Bill 134)

Makes it an unfair practice for any insurer to cancel or refuse to issue or renew any individual life or health insurance policy or contract because the applicant or insured is a victim of domestic violence. The bill also prohibits insurers from taking other adverse actions based on an applicant's or insured's status as a victim of domestic violence.

Sponsor: Rep. E. J. Thomas (R-Columbus)

Status: Insurance Committee

Dietetic Technicians (House Bill 154)

Licenses dietetic technicians and expands the scope of practices of licensed dietitians and supervised dietetic technicians to include nutritional care evaluation, planning and implementation.

Sponsor: Rep. Barbara Boyd (D-Cleveland Heights)

Status: Commercial Labor Committee

OSMA Position: Under advisement

Insurance Benefits/Breast Reconstructive Surgery (House Bill 159)

Requires all health maintenance organization contracts and other payors that provide coverage for a mastectomy to also provide coverage for breast reconstructive surgery incidental to the mastectomy.

Sponsor: Rep. Samuel Britton (D-Cincinnati)

Status: Insurance Committee

OSMA Position: Under advisement with technical assistance

Acupuncturists (House Bill 166)

Establishes licensing standards for acupuncturists, and creates the State Board of Acupuncture. The bill also requires the study of acupuncture's effectiveness in alcohol/drug addiction programs.

Sponsor: Rep. Vermel Whalen (D-Cleveland)

Status: Health, Retirement and Aging Committee ■

Bill proposes end to corporate practice ban

■ *The OSMA wants some assurance of clinical autonomy before it can support such a bill.*

Sen. Gary Suhadolnik (R-Strongsville) has introduced a bill that would lift Ohio's ban on the corporate practice of medicine. Specifically, the measure (Senate Bill 31) would authorize optometrists, chiropractors, podiatrists, osteopaths and medical doctors to combine their practices for the purpose of forming a business arrangement.

For the most part, the ban has become an anachronism in today's health-care marketplace. Current law already permits government hospitals and health maintenance organizations to employ physicians, and as more and more practices are absorbed by hospitals and managed-care entities, doctors are no longer as adverse to employment relationships as they once were.

ASSOCIATION REVERSES TRADITIONAL POLICY

In recognition of this change, and in view of the fact that the State Medical Board of Ohio has never taken an enforcement action based on a violation of the prohibition, the OSMA Council voted last year to relax the association's traditional support of the ban.

That does not mean, however, that the OSMA has abdicated its belief that physicians must have clinical autonomy, says OSMA Legislation Director Tim Maglione. "We recognize that these employee arrangements can create a situation that makes the physician responsible to the corporation, not to the patient. We want to make sure that, if a bill passes, the physician is still able to function in a role as patient advocate."

As Senate Bill 31 is presently drafted, the OSMA cannot support it. "It fails to address the issue of clinical autonomy," says Maglione. "That would have to be a part of any bill we'd endorse."

The OSMA also wants discussions raised in the Legislature, regarding what class of health-care providers could form a health-care delivery business. "Should nongovernment hospitals, nurses and other licensed health-care professionals be permitted to invest in these businesses?" asks Maglione. "Should nonmedical investors, like lawyers, be permitted to participate?"

Senate Bill 31 is currently in the Senate Insurance Committee. *OHIO Medicine* will continue to provide updates on its progress as they become available.

What You Can Do: To request a fact sheet summarizing SB 31, the corporate practice of medicine, contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 228 and ask for Item #5. If you have specific questions regarding the bill, contact Tim Maglione, director, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 220. ■

Who's Affected?

This bill allows business arrangements between:

- Physicians
- Osteopaths
- Optometrists
- Podiatrists
- Chiropractors

Alleged Medicare overpayments may be reviewed

Physicians who receive a request from Medicare to return an overpaid amount should note that the carrier has created a special form for physicians who would like the alleged overpayment to be reviewed.

If you question the amount of an overpayment, you or your office staff need to submit a "Medicare Overpayment Information Form," taking care to complete all applicable fields. If an overpayment is related to "Other Insurance Involvement," a copy of the other insurer's explanation of benefits must be attached. The form must be submitted, along with the explanation of benefits, to:

Nationwide Insurance Enterprise
Medicare Operation
Medicare Secondary Payer
Department
P.O. Box 16582
Columbus, OH 43216

For overpayments that are not related to "Other Insurance Involvement," submit the form to:

Nationwide Insurance Enterprise
Medicare Operation
Financial Unit
P.O. Box 16621
Columbus, OH 43216-1621

Bill Fry, director of the OSMA's Ombudsman Services, reminds physicians who are involved in an overpayment dispute to carefully track all requests for overpayment and any correspondence you may have with Medicare.

"If Medicare asks you to return a check – whether it was a double payment or an overpayment – make a copy of the check for your files and a copy of any explanation you may have given Medicare," Fry says. "That gives you a paper trail to follow should Medicare incorrectly credit the payment."

What You Can Do: If you would like to receive a copy of the overpayment form, contact Terri Passarella at Nationwide-Medicare at (614) 249-7140. ■

Medicare Update

Newsletter index published

An index that lists all the subjects covered in the last eight years (December 1988 to December 1996) of Nationwide-Medicare's *Medicare Newsletter* for physicians is now available free to members from the OSMA's Ombudsman Services.

The index alphabetically lists subjects such as Nationwide-Medicare's coverage policies, secondary payor issues, and claims filing/billing for EMS services, along with which issue(s) the topic last appeared in. The index is designed to help physicians access information regarding Medicare regulations more quickly and effectively than thumbing through individual past issues. To order a copy, contact the OSMA's Department of Ombudsman Services at 1-(800) 766-6762, Ext. 215.

Hotline handles seniors' HMO concerns

Seniors with complaints against their managed-care plans should first contact their HMO's grievance committee, but failing satisfaction there, the state offers another option, the Ohio Senior Health Insurance Information Program hotline, 1-(800) 686-1578. Hours are 7 a.m. to 4:30 p.m.

Ohio physicians have advocate in court

■ *The OSMA legal department keeps an eye on cases that could affect physicians.*

One of the ways the OSMA's Division of Legal Affairs serves the interests of Ohio physicians is through its monitoring of state court cases where the legal decision may somehow reflect the practice of medicine.

In 1996, the association's lawyers filed amicus or so-called "friend-of-the-court" briefs in five such court cases. Two of these cases are highlighted below:

1. Violation of equal credit opportunity act

A class-action lawsuit was brought by Southeastern Ohio Legal Services against Holzer Clinic of Gallipolis for refusing to treat three Medicaid patients in Vinton County. The suit says the clinic has a responsibility, under the Equal Credit Opportunity Act, to serve all Medicaid patients in Ohio. The clinic contends its agreement with the Ohio Department of Human Services limits it to a five-county area that does not include Vinton County.

Because the case has widespread implications for physician practices that try to limit service areas for Medicaid patients, the OSMA filed an amicus brief on behalf of Holzer Clinic.

The case went to trial last December (*Barney vs. Holzer Clinic, Inc.*).

2. Informed consent and the use of medical devices in a manner not approved by the FDA

In this case, a patient alleged that she was unable to make an informed decision with regard to her medical care because her physician failed to tell her that bone plates and bone screws he planned to implant in her spine had FDA approval only for use in long or flat bones. The physician contended that he complied with Ohio law by informing the patient of all the material risks of the procedure but didn't inform the patient of the FDA status of the devices because they did not pose a material risk.

The OSMA argued in its amicus brief that the FDA does not restrict the use of medical devices to those uses for which it has issued approval, nor does it regulate the practice of medicine. The association also pointed out that Ohio's law on informed consent only requires information to be given on material risks of medical procedures.

The Eighth District Court of Appeals in Cleveland agreed with the OSMA's position and ruled that physicians are not required to explain the regulatory status of prescription medical devices to patients (*Klein vs. Biscup*).

The OSMA also filed friend-of-the-court briefs in matters that related to: loss of chance based on an allegation of missed diagnosis (*Roberts vs. Ohio Permanente Medical Group*); and application of the statute of limitations to negligent credentialing actions (*Phillips vs. Burt*).

In addition, the association joined the AMA and nearly 40 specialty and state medical societies in a brief before the U.S. Supreme Court opposing physician-assisted suicide.

What You Can Do: If you have questions about any of the amicus briefs filed by the OSMA in 1996, contact the Division of Legal Affairs at 1-(800) 766-6762. ■

OSMA bill top priority

■ The OSMA responds to members' requests by introducing a managed-care fairness bill.

John F. Kroner, MD

You talked, we listened. You said there were aspects of managed care that were creating problems in your practice and with your patients. You asked the OSMA for some legislative relief. Now we've responded.

This year, the OSMA has introduced a managed-care fairness bill that, among other things, would establish grievance procedures, mandate the use of a standardized credentialing application, call for more contract disclosure, eliminate gag clauses, prohibit retroactive denial of payment and address other issues, such as utilization review and patient access. (It does not mandate point-of-service products, but that option can be explored through other legislative channels.)

If that seems like a lot of subject matter for one bill, you're right. Until now, Ohio legislators have approached managed-care reform one bill at a time. For example, last year, we supported the drive-through delivery bill. This year, legislators are considering a drive-through mastectomy bill. It is the OSMA's intent to take the lead in presenting a broad approach to protect your patients in a managed-care environment. We think there are several areas that need to change, and these are best changed at once.

In order to give our bill more credibility with legislators, we worked with Kaiser Permanente, a leader in the managed-care field. Kaiser's support will help us convince lawmakers that our proposals are reasonable.

We think the bill is strong and stands a good chance of passage. Almost certainly, it will lead managed-care reform discussions at the Statehouse this year. For the OSMA, this bill is our top legislative priority. As the bill works its way through the legislative process, we hope you will provide the necessary grassroots support. Together, we can achieve managed-care fairness, both for our profession, and for our patients. ■

For a copy of the OSMA's managed-care fairness bill, contact the OHIO Medicine reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #1.

Is change putting a strain on your staff?

■ *An effective leader is one who is sensitive to the needs of employees during times of transition.*

With all the changes occurring in health care, it's easy to overlook one of your most important resources – your staff. But according to Sharon Weller, a Columbus human resource consultant, acknowledging the human factors of a practice can mean the difference between a practice that flourishes and one that flounders. In a recent issue of the OSMA's *Practicing in an Integrated Delivery System*, Weller addresses these issues in "Implementing Change Through Staff Empowerment: Current Issues in Organizational Change."

An enlightened physician – and a successful one – will consider the following:

- **Assess your own reactions to change.** Has your personal leadership style changed due to new conditions at your practice? Ask staff members for feedback.
- **Acknowledge the feelings of others to change.** Recognize that different personalities react differently to change. Acknowledge that change is occurring and offer the training necessary to meet new goals.
- **Share information regularly.** The more information employees have, the better they're able to perform their duties. Share timelines, who will be affected and who is responsible for implementing the changes, and emphasize the positive effects the change will have.
- **Make sincere requests for input and listen carefully.** Effective leaders solicit feedback on a regular basis, identify concerns in the earliest stages of discontent, encourage others to suggest solutions, and take corrective action.
- **Remain visible and team-focused.** A leader's regular presence reassures staff members that they will be successful both in managing the change and in reaching the necessary objectives.

While leading a work group through a transition process can be intimidating, it only makes good business sense to first deal with the human factors. After all, having a staff that works effectively and cohesively is the surest way to improve the bottom line.

What You Can Do: To obtain a copy of the IDS newsletter, contact Traci Benzing, OSMA Division of Legal Affairs, at 1-(800) 766-6762, Ext. 132. ■

Golfers association disbands

The Ohio State Medical Golfers Association has been discontinued along with the annual golf outing usually held in June. The money remaining in the treasury will be donated to Fore Hope, a central Ohio golf program for individuals with disabilities and inactive lifestyles. Among those served by the program are: amputees, arthritis patients, developmentally disabled patients, heart patients, sight-impaired patients and stroke patients. ■

Managed-Care News...

Reports of developments occurring across the state and the nation.

Ohio

■ Cincinnati

Hospitals chosen for cardiac network... Cincinnati-based Anthem Blue Cross and Blue Shield has announced the members of its Coronary Services Network, a statewide network of hospitals and physicians that provides care to members of Anthem's managed-care plans. The following hospitals were able to meet Anthem's quality standards: Columbia Mercy Medical Center, Canton; The Christ Hospital, Good Samaritan Hospital and St. Elizabeth Medical Center, Cincinnati; University Hospitals and Mt. Sinai Medical Center, Cleveland; Ohio State University Hospitals and Grant/Riverside Methodist Hospital, Columbus; Kettering Medical Center and Miami Valley Hospital, Dayton; and St. Elizabeth Medical Center, Youngstown.

Ob/Gyn network formed... Omnia, Inc., a Pennsylvania-based health-care company that develops and manages Ob/Gyn networks, has formed its fourth regional network, Omnia of Cincinnati. Initially, 93 physicians in the Cincinnati and Dayton area signed up with the network, although that figure is expected to grow to 150 by the second quarter of the year. Omnia has more than 600 physicians in networks in Chicago, New Jersey and Philadelphia, and expects to establish 10 to 12 regional networks by the end of the year.

■ Cleveland

Blue Cross/Columbia deal expected to be nixed... The sale of Blue Cross & Blue Shield of Ohio to Columbia/HCA Healthcare, Inc. is expected to be rejected by the Ohio Department of Insurance (ODI). The media has speculated that the deal will be called off for several reasons: 1) the insurance company has been valued at twice what Columbia is offering ($600 million vs. $299.5 million); 2) the sale is unfair to policyholders, who, as the current owners, will not profit from the transaction; and 3) there are no plans to distribute charitable assets to the public. At press time, the ODI had not announced when a final decision will be issued.

■ Columbus

Behavioral health-care companies merge... The Ohio Behavioral Health Partnership (OBHP) has been formed by joining Columbus-based Access Ohio with Norfolk, Va.-based OPTIONS Health Care, Inc. The new organization will offer behavioral health services in a managed-care setting to patients throughout Ohio. By forming a partnership, the OBHP is expected to be a viable contender for the state's contract to provide mental health and substance abuse care to Medicaid recipients statewide.

Former "Blue" establishes charity... Central Benefits Mutual Insurance Co., a former Columbus-based Blue Cross plan, has announced it will establish a $5.1 million charity to see that the indigent in central Ohio will receive health-care services. The announcement comes after months of talks with the Ohio attorney general's office. At issue was whether a nonprofit association that receives state and federal tax breaks should turn over charitable assets in the event that it converts to for-profit status. The figure of the donation was arrived at by estimating the value of Blue Cross of Central Ohio when it turned to for-profit Central Benefits in 1987.

Home health-care agencies sold...A Cincinnati-based home health-care agency has purchased two similar businesses in central Ohio. Nurses Calling Inc., which offers skilled nursing, home health aid, and physical, occupational and speech therapists, recently acquired CommuniCare Home Care and Alternative to Dependent Living. Nurses Calling also operates in Cincinnati, Cleveland, Dayton, Hamilton, Springfield, northern Kentucky and southeastern Indiana.

Outpatient clinic buys urgent care center... The Doctor's Office, Inc., has purchased the Dublin Medical Center, in a move to offer urgent care to its patient base. The Doctor's Office, an affiliate of Doctors Hospital, is a four-office primary care organization. The acquisition of the medical center and its resources is expected to allow The Doctor's Office to better compete in the ever-changing health-care market.

U.S. Health changes corporate identity...U.S. Health Corporation has announced plans to change its name to OhioHealth in order to reflect the integrated regional health system's vision and goals. While the parent company will adopt the new name, member hospitals will continue to be known by their site-specific names (Riverside Methodist Hospital, etc.).

■ Marion

Hospital consolidation fought... Two local hospitals continue to battle it out over whether the area can support similar facilities. Up in arms are Marion General Hospital and MedCenter Hospital. In September, U.S. Health announced plans to make its Marion General the only full-service health-care facility in the county. The deal entailed having the area's largest group practice – the Smith Clinic – buy the MedCenter and convert it to an outpatient facility. That deal has stalled, however, since Mount Carmel Health System, asserting that the area can support two full-service hospitals, announced its interest in MedCenter. While few details were released for either of the deals, negotiations for the latter are expected to be completed by April.

The Nation

■ Florida

Pediatrix buying up neonatologist practices... As more and more physicians turn to outside firms to manage their medical practices, one practice-management group has become the dominant provider of neonatologists. Founded in 1980, Pediatrix Medical Group originally offered physician-management services for neonatal care for a single hospital. Today, Pediatrix owns or manages the practices of 175 neonatal physician specialists, and provides services to 61 neonatal intensive-care units, eight pediatric intensive-care units and three pediatric departments in 14 states and Puerto Rico. Pediatrix has been able to acquire so many practices, thanks, in part, to two public offerings – one of which recently raised $59.5 million.

■ Maine

PHO to assume risk...A physician-hospital organization has entered a cost-sharing agreement with a primary care group practice. Maine Medical Center has agreed to provide specialty and hospital services for members of Martin's Point health plan. Maine Medical Center will receive a share of the capitated premiums, which will reflect hospital and specialty care. Maine Medical Center currently has two other risk-bearing contracts – one with Blue Cross and Blue Shield of Maine and one with Tufts Associated Health Plan.

■ Tennessee

Uninsured children added to TennCare... Children lacking health insurance – private or public – will be added to TennCare, Tennessee's experimental managed-care program for Medicare beneficiaries. The move is expected to cost the state an additional $20 million a year.

■ Texas

Proposal would make MCOs liable for malpractice... Managed-care organizations (MCOs) could be sued by patients for malpractice if a Senate committee's proposal becomes law. The committee recently recommended that MCOs should be held accountable if withholding medical treatment results in injury to an enrollee in the plan. Under current state law, a patient cannot sue an MCO for malpractice even if the action of the MCO resulted in injury. Instead, the patient must sue the physician for malpractice and the MCO for corporate negligence. ■

Routine HIV testing part of good medical practice

■ *The OSMA strongly recommends more routine HIV testing, especially among young, sexually active people.*

Public Health

There's a good reason physicians should make HIV testing a part of their routine practice, says the Ohio Department of Health's (ODH) Thomas Halpin, MD. It's because treatments for AIDS and AIDS-related infections have improved to such an extent that more patients than ever can be helped – if they're found in time.

DECREASING THE RATE OF INFECTION

"At present, we're working with the American College of Obstetricians and Gynecologists on preventing perinatal transmission," says Dr. Halpin, who is assistant to the director for Public Health. "We're really concentrating on that group because we know we can make a difference. If we provide AZT therapy to both the mother and her infant, it decreases by 60% to 70% the number of babies with HIV." (The OSMA has prepared a paper entitled *Routine HIV Counseling and Testing of Pregnant Women as Part of Prenatal Care.* To order a copy, see the coupon on the front cover of this issue.)

YOUTHS TO BENEFIT

But there is another population that stands to benefit from routine HIV testing as well, and that's the young, sexually active group, from 13 to 29 years. This group comprises 17% of all Ohio AIDS cases.

"That number doesn't reflect those in that age group with HIV infections," says Mario DeSantis, Human Services program consultant in the ODH's AIDS unit. "That's where AIDS cases will be in the future."

It's important, says DeSantis, for physicians to seek information on the young person's risk behavior, i.e., his or her sexual activity and intravenous drug use. But that's sensitive information, and most physicians are uncomfortable asking those questions, says Dr. Halpin.

"It's a time-consuming process," he points out. "You can't just start out with a question like, 'Are you having sex?'" But gathering that kind of sexual history is an important part of a routine office visit.

PATIENT MAKES DECISIONS

DeSantis says that personnel at the state's testing sites are receiving training on how to facilitate a patient who has been referred there. "We're no longer telling them what to do. We let them make the decisions. If the patient isn't ready to be tested yet, we work with that. If they tell us they have been exposed to HIV through a rape, we help them into rape counseling if that's what they want. We find this approach – putting the person in control – improves the chance that he or she will return for test results. There is also better compliance in partner notification," says DeSantis.

A majority of physicians refer their at-risk patients to the department's testing sites. "The physician should become as familiar as possible with what kind of sites are available in the area and surrounding area," says DeSantis. The department has available an updated, comprehensive list of testing sites in the state (for a copy of the list, see information below). Doctors can also refer patients to the department's AIDS hotline number, 1-(800) 332-2437, which can provide patients with the nearest testing site location.

There is no reason, however, why physicians can't administer the test in their offices, as long as it is done in a confidential manner. Anonymous testing in a doctor's office may be cumbersome, but it can be done, says Dr. Halpin.

The ODH has available patient consent forms, as well as guidelines from the Centers for Disease Control that provide information on how to counsel an HIV patient.

"I consider routine HIV testing important," says Dr. Halpin, "and I think the test is something that we, as physicians, can include in our office armament. It's one more thing we can do to help our patients."

What You Can Do: For a copy of the ODH's updated list of testing sites, and/or a copy of the consent form and CDC guidelines, contact Mario DeSantis at (614) 644-1866. Leave your name, address and phone number, and state specifically what you are requesting. ■

Guide to correctly filing the HCFA 855

■ *Medicare requires you to complete this form if a change in your medical practice occurs.*

A standard Medicare form used to indicate changes within a medical practice is apparently causing confusion within the medical community. In response, Medicare has issued a table that should help physicians correctly fill out the form.

At issue is the HCFA 855, which is used to apply to Medicare for a new provider number when the following occurs:

- A physician(s) is added to a practice
- Practice location changes
- Tax status of the practice changes

Physicians who face such a situation should understand that it takes 10 to 12 weeks for Medicare to process such a form, meaning that providers must continue to use their old Medicare numbers in the interim.

"The time that it takes to issue a new Medicare number doesn't mean that you can't continue to see Medicare patients and file claims – you simply continue using your old Medicare number until a new one is issued," says Bill Fry, director of the OSMA's Ombudsman Services. "I can, however, see how the lengthy turnaround time could cause accounting problems for some physicians' offices."

To ensure that the form is correctly completed, Fry recommends that physicians follow the accompanying table provided by Medicare. "The last thing you want to do is file an incorrect or incomplete form – that would slow up the process even further," Fry says. "Meanwhile, we are urging physicians to file as early as possible, and asking them to be patient while Medicare processes their request."

What You Can Do: If you have questions about the HCFA 855, contact Nationwide-Medicare at (614) 464-9924. ■

Completing the HCFA 855

The following table corresponds to the 15 sections of the HCFA 855. Follow the table to determine if information is required, necessary if applicable, or optional.

	Section →																	Attachments		
Provider Type	1a	1b	1c	1d	2	3	4	5	6	7	8	9	10	11	12	13	14	15	1	2	3
Individual provider	R			R	R	R	R	O	R	R	A			A	A	A	A	R			
Individual provider who is a sole proprietor of a business	R	R		R	R	R	A	O	R	R	A			A	A	A	A	R		A	A
Organization		R		R	R	R			R	R	R	R	A	A	A	A	A	R		A	A
Group			R	R	R	R			R	R	R	R	A	A	A	A	A	R			
Provider new to our carrier joining a group*	R			R	R	R	R	O	R	R								R	R		
Provider previously enrolled with our carrier joining a group*																		R	R		
Influenza – individual (roster billing only)	R			R	R	R	A		R	R	A			A	A	A	A	R			
Influenza – organization (roster billing only)		R		R	R	R			R	R	R	R	A	R	A	A	A	R			

R = Required **O** = Optional **A** = Complete if applicable

*If the group is not enrolled, the group must complete a "group application" (as of Nov. 20, 1996, HCFA announced that the W-4 form is no longer required).

If completing:	**Do not forget to include:**
Section 3:	Notarized copy of all licenses (eg., medical license, state business license, articles of incorporation). In addition, some specialties need to include notarized educational documents, national certifications, etc.
Section 8 and/or 9	Copy of W9

Health department's quality rules effective March 1

This is a report of recent activities between the OSMA and various state regulatory agencies. The State Medical Board's activities are included in a separate report, to be published in April.

Regulatory Watch

OHIO DEPARTMENT OF HEALTH (ODH)

- **1997 State Health Resources Plan**, which the ODH is under legislative mandate to produce, is in its final draft. **The plan will be available for public comment this month.**
- **Quality rules** regarding OB/newborn services will become effective **March 1, 1997,** along with all of the other services rules that have been finalized. Still outstanding are the rules regarding catheterization services and the rule that deals with adverse events.

OHIO BUREAU OF WORKERS' COMPENSATION (BWC)

- **Health Partnership Program**, the name of the BWC's managed-care program for state fund employees, is due to begin operations **March 1, 1997.** At press time, 57 managed-care organizations and 15,000 providers have been certified. A *Provider Billing and Reimbursement Manual* has been sent to all certified providers. The RBRVS conversion factors remain with one exception – a separate category for **anesthesia** has been created. The Ohio Society of Anesthesiologists, with assistance from the OSMA, negotiated with the bureau to increase the conversion factor from an initial proposal of $20/unit to $37/unit.

OHIO DEPARTMENT OF HUMAN SERVICES (ODHS)

- **The "independent practice" definition for advanced practice nurses (APNs)** is creating some confusion. The rule refers to APNs whose practice is "free of professional control." Although the Nurse Practice Act has made it possible for APNs to practice independently of physician offices and to be directly reimbursed, the APNs must still work in collaboration with a physician and in accordance with a standard care arrangement. The OSMA has asked the ODHS to clarify this point by removing the word "professional" from the language, since the requirement for a collaborative arrangement implies that there must be evidence of medical professional oversight of an APN practice.

What You Can Do: If you have questions about any of these items, contact the OSMA's Division of Legal Affairs at 1-(800) 766-6762, Ext. 128. ■

Ohio delegation to focus on medical issues

Highlights of the OSMA Council meeting held Feb. 1 at the Cherry Valley Lodge in Newark include:

AMA activities...Since one-third of the Ohio delegation to the AMA is new this year, it was suggested that the OSMA re-establish the delegation as an issue-oriented body. This will be further discussed at an organizational meeting held during the OSMA Annual Meeting. Walter A. Reiling, Jr., MD, chair of the Ohio delegation, reported that an AMA task force has been formed to study campaign reform, particularly in the areas of limiting campaign costs. Dr. Reiling will report on the specifics of the AMA's new program, American Medical Accreditation Program (AMAP), for setting standards for practicing physicians at the March council meeting.

OSMA bylaws change...A motion was made to allow the OSMA president to appoint the Committee on Tellers and Judges of Election at his or her discretion. A motion was made to amend the original motion by limiting participation to OSMA members. The amended motion was approved.

Council Minutes

Podiatrist membership...Katrina English, JD, director, Division of Legal Affairs, reported back on an issue brought up at the last council meeting. According to OSMA bylaws, she says, a podiatrist cannot be eligible for membership in the OSMA or any of its component societies.

Cuyahoga County bylaws...Revised Cuyahoga County bylaws are in compliance with the OSMA, and were approved by council.

New member tactic...In an effort to increase membership in the OSMA, it was proposed to send letters and dues information to all nonmembers in the OSMA database. The letter will tout the OSMA's successes on such issues as tort reform.

Executive director's report...Brent Mulgrew reported that the local academies in Cincinnati, Cleveland and Columbus are considering a joint venture regarding the American Medical Accreditation Program. Mulgrew also asked councilors to submit recommendations for physician delegates to serve on the Annual Meeting reference committees.

Five-point public health plan...Peter Somani, MD, director, Ohio Department of Health (ODH), presented the ODH's five-point plan to strengthen Ohio's public health system. Dr. Somani explained that the Turning Point Initiative, a national program of the W.K. Kellogg and Robert Wood Johnson foundations, strives to transform and strengthen the public health infrastructure in this country. He mentioned that the ODH is working on three other programs: the improvement of public health laboratory services, identification of emerging infections, and resolution of cardiac catheterization rules. Dr. Somani believes a series of trauma articles in the *Columbus Dispatch* could lead to changes in the system.

What You Can Do: If you would like a copy of the full council minutes please call the *OHIO Medicine* reader response telephone line at 1-(800) 766-6762, Ext. 228 and ask for Item #6. ■

Psychiatrists push for mental health parity

Editor's Note: *The OSMA is in the best position to work on general health-care legislation that affects all Ohio physicians. However, we recognize that each specialty has a legislative concern that is unique to it. Periodically, OHIO Medicine will examine these issues. Here, a look at a mental health parity bill supported by the Ohio Psychiatric Association (OPA).*

Specialty Concerns

Five years ago, Texas passed a bill that established equal treatment in health insurance coverage for persons with mental illness. Since then, five other states – Maine, Maryland, Minnesota, New Hampshire and Rhode Island – passed similar legislation creating mental health parity.

Ohio legislators considered the subject of mental-health parity last session with the introduction of a nondiscriminatory bill that sought equal treatment in coverage for those with severe mental illnesses. The bill was sponsored by Rep. Charleta Tavares (D-Columbus) and supported by a number of mental health provider and advocacy groups including the Ohio Psychiatric Association (OPA). The legislation was assigned to the House Insurance Committee where it died last session.

A recently formed organization called Coalition for Healthy Communities, which includes most of the groups that supported the previous mental health parity bill, intends to reintroduce a similar bill this session, maybe as early as this spring. This time, the bill will seek to expand parity in health-care coverage for individuals with all types of mental illness, not just those whose illnesses are severe.

The way was paved last year when the U.S. Congress passed a law that requires insurers to set the same lifetime and annual caps for mental illness as are set for physical illnesses. It was a step in the right direction, says Phil Workman, executive director of the OPA. Here in Ohio, insurers were the bill's strongest opponents last session, and are almost certain to close ranks against any new bill as well. They argue that mental illness treatments are often open-ended, pushing up costs, and without any hard outcomes data to measure effectiveness. Supporters argue, however, that new antidepressants, such as Prozac, have proven to be effective and inexpensive treatments for depression, and that managed care's gatekeeper concept regulates other forms of therapy.

The OPA's Workman sums up the mental health field's bottom line: "We believe those with mental illnesses should receive the same kind of coverage that those with physical illnesses receive." ■

Sports med publication available

The Joint Advisory Committee on Sports Medicine has produced a publication, *Sports Medicine Roles and Responsibilities for High School Team Physicians and Athletic Trainers*, which helps team physicians and athletic trainers define their individual and combined roles and responsibilities. Copies are $12.95 and may be ordered from the publisher, PRC Publishing, Inc., by calling 1-(800) 336-0083. ■

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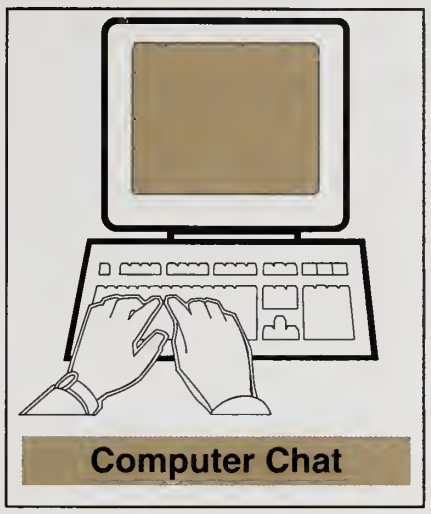
KENTUCKY MEDICAL INSURANCE COMPANY

POL makes browsing Internet quick, easy

■ *Physicians' Online allows OSMA members to access updates on association activities by a click of the mouse.*



Physicians' Online (POL), the first online service to combine the security of a private online community with the advantages of the Internet, has partnered with the OSMA to bring this service as a benefit of membership. Sixteen medical associations from around the country are active and operating on POL's new Internet-based online service.

Last year, OSMA previewed this new, free service telling you that it would make cruising the information superhighway easier for members – and you listened. As of December 1996, 5,981 physicians from Ohio were on POL.

WHAT IS POL?

POL is a privately owned company out of Tarrytown, NY, providing physicians with free online access to medical, business and communications services on a members-only network, as well as access to the resources on the World Wide Web. "POL links its member physicians to colleagues, professional associations, health plans, pharmaceutical manufacturers and other health-care organizations through a variety of applications on its Internet online service," says Sheila Pederson, marketing manager at POL.

A special feature, OSMA Forum, is available to both members and nonmembers, however, particular information serves only as teasers to nonmembers, who are unable to access the member-only information. Once in the OSMA Forum members can look up dues rates, information on OSMA-produced handbooks and kits, legislation status reports, and phone numbers of OSMA officers, councilors, AMA delegates and staff.

NEW SOFTWARE PACKAGE

To make it quicker and easier for users to navigate in POL or browse the Web, a new software package, POL-Net, has been developed. To receive your copy, call 1-(800) 332-0009. After you install Netscape, you will also be able to access a detailed help file from any location on the network.

In addition, POL offers two Internet access packages including five free hours of Web access each month with additional time billed at $1.95 an hour. A flat monthly fee of $14 provides unlimited Web access.

POL's main menu is organized into 12 categories – Databases, Clinical Content, News & Finance, Communications, Organizations, POL News, Featured Sites, WebGuide, Disease Centers, Leisure, MD Resources and Member Services.

EXPANDED MEDICAL NEWS

By clicking on "Disease Centers" on the main menu, users can receive up-to-date information on specific diseases with patient education materials, guidelines, CME, research studies and more.

POL has expanded its medical news coverage by supplying articles from three editions of the *Medical Tribune Newspaper*: *Family Physician, Internist and Cardiologist*, and *Obstetrician and Gynecologist*. "*Medical Tribune Newspaper*, published twice a month, complements the consumer-oriented daily news feeds already online," says Pederson.

POL WebGuide takes the guesswork out of finding quality medical sites on the Web. The POL WebGuide categorizes hundreds of sites by medical specialty, as well as type of site. Users can also take advantage of the private discussion groups, where they can "talk" to colleagues about health-care topics and medical breakthroughs.

STOCK INFORMATION

If you simply want to check your financial investments, call up the new service "MarketWatch." Users enter a ticker symbol or company name to get pricing and volume data for NYSE, AMEX and NASDAQ securities and historical stock graphs. Physicians can also monitor index ticker data, and mutual and money market funds. In the near future, physicians will be able to build and store personal portfolios.

POL has successfully secured sponsorship from companies in exchange for space on the service to broadcast messages to physicians. This sponsor support is the reason why Physicians' Online can provide free access to core services and a very affordable Web access plan.

With POL there's no need to rearrange your office hours. POL allows users to access the information whenever they need it from their own computer. A member services team is there to help if needed from 8 a.m. to midnight Monday-Friday, and from 9 a.m. to 6 p.m. on Saturdays.

What You Can Do: If you have questions about Physicians' Online contact its Member Services staff at 1-(800) 332-0009. ■

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A sample of services available

- **OSMA Forum...**Information on dues, publications, legislation, legal tips, officers and more.
- **World Wide Web...**Five free hours of Web access a month. POL WebGuide can steer you to discussion groups.
- **Disease Centers...**Up-to-date research on specific diseases.
- **Medical Tribune News...**Existing news coverage is expanded by three specialty editions of the *Medical Tribune Newspaper.*
- **Marketwatch...**Pricing and volume data for NYSE, AMEX, NASDAQ.

Team physicians to be honored at meeting

The OSMA Council approved a recommendation from the Joint Advisory Committee on Sports Medicine (JACSM) to honor recipients of the Ohio Outstanding Team Physician Award at the First Session of the OSMA House of Delegates meeting Friday, May 16 in Columbus. This will enable the recipients to receive their awards in the presence of their peers.

Previously, the awards had been part of the Ohio High School Football Coaches Association Hall of Fame Banquet held in Massillon in August with few physicians other than recipients in attendance.

When members of the Joint Advisory Committee met in January at the Cherry Valley Lodge in Newark, the awards presentation was one of its top considerations. All agreed that receiving the award before colleagues would have more significance to the physicians. This year's recipients will be James R. Carr, MD, Hamilton High School, Hamilton, and Steven Spreen, MD, Mariemount High School, Cincinnati.

At the January meetings, three former team physicians – Thomas E. Shaffer, MD, Robert J. Murphy, MD, and Richard F. Slager, MD, were honored for their service to sports medicine. Drs. Shaffer and Murphy, who were in attendance, received sweaters with a team physician logo, provided by the Ohio High School Athletic Association.

Other action items included:

- The Play-Off Committee discussed ways to get more medical coverage for all state high school tournaments. Sample letters were given to each committee member to use as guidelines for recruiting physician participation.
- Mary Ann Everhart-McDonald, MD, updated members on sport-specific medical rules. She reviewed sport rule books to identify new rules with medical implications, to delete rules no longer listed, and to update the exact location in the books where the information was listed.
- A subcommittee will be working on revising the Health and Safety Considerations for Interscholastic Wrestling this year. Members were asked to submit any changes, additions or deletions to the subcommittee.
- The Pupil Activity Program, which mandates sports-related first-aid training courses for coaches, teachers, athletic directors, school administrators, physicians, athletic trainers and other appropriate school personnel, are required as of July 1 to take a four-hour program. The American Red Cross is in the process of developing a sports-specific first-aid course that participants may take instead of the four-hour program. ■

Physicians get royal treatment on Doctor's Day

Alliance News

Here is a sampling of some of the activities planned by OSMA Alliance members to mark Doctor's Day, March 30. Since this year's Doctor's Day falls on Easter, most of the observances will take place the first week of April. Awards for these projects will be presented at the Alliance's Annual Meeting May 15-16 in Columbus.

■ **Hamilton County** – A $250 contribution will be given to the Medical Heritage Center at the University of Cincinnati School of Medicine in the name of local physicians.

■ **Lucas County** – Contributions will be made to the AMA-ERF – a general philanthropy or scholarships in the name of local physicians.

■ **Montgomery County** – Donations in honor of physicians will be given to the Montgomery County Medical Society Alliance Foundation for medical education.

■ **Scioto County** – Two permanent potting planters and bricks engraved with physicians' names and specialties will be added to the Doctor's Memorial Garden.

■ **Stark County** – Local physicians will be honored as part of the April 18 legislative program. Congressman Ralph Regula (R-Canton) will discuss medical issues before Congress.

■ **Trumbull County** – Containers filled with candy Lifesavers signifying "Physicians are lifesavers" will be placed throughout the hospital.

Other Alliance activities include:

■ **Legislative Affairs Day** – On March 20 a Legislative Affairs Day will be held at the Wedgewood Golf and Country Club, Columbus. The goals of the "Nuts and Bolts of Legislation" program are to equip members with tools to communicate effectively with legislators, to understand the concerns of organized medicine, to discuss managed-care concepts and to review the workings of the Ohio Legislature. Rose Vesper, state representative from Ohio's 72nd district, will be the luncheon speaker. ■

Insurance group chief discusses health care, law

Hamilton County

■ An up-to-the-minute report on legislation and issues affecting health care and the law, "When Health Care & Law Intersect: A View From Washington," will be presented by Bill Gradison, head of the Health Insurance Association of America on March 6. The event is sponsored by the Joint Committee of the Academy of Medicine of Cincinnati and the Cincinnati Bar Association. Reservations are required. Call Kym Rosselot at (513) 421-7010.

■ A movie premier sponsored by the academy and its alliance will be held at a local theater March 22. *It Ain't Love*, about abusive teen-age relationships, is the work of filmmaker Susan Todd, daughter of local physician Thomas Todd, MD, and her husband, Andrew Young.

■ New members of the Academy of Medicine of Cincinnati couldn't pass up the opportunity for a free dinner plus a chance to win a door prize of a free 1997 membership. "Intro '97: Welcome Party for New Academy Members," sponsored by the academy's membership committee, welcomed members who have joined the academy in the past three years. Established members acted as hosts. During the social hour, guests visited displays set up by supporters, including Fifth Third Bank, Astra Merck, Inc., Belcan Staffing, Hoechst-Marion Roussel and Mead Johnson Pharmaceuticals.

■ A mock deposition, sponsored by the Joint Committee of the academy and the Cincinnati Bar Association, was held in January. Steve Wunder, MD, served as the expert witness. He was questioned by plaintiff's counsel John Holschuh, Jr., Esq., and defense attorney Pam Popp, Esq. Physicians attending were encouraged to ask questions and provide comments during the process. Physicians were able to help attorneys learn the best way to ask them medical questions to get the correct information, and physicians learned more about serving as an expert witness.

Lucas County

■ The Academy of Medicine of Toledo and Lucas County recently contributed $1,000 to the Toledo-Lucas County Public Library to be used for health-related information. This gift to the Library Legacy Foundation will benefit the thousands of Lucas County residents who use on-site computers to obtain information on medicine, nutrition and exercise.

OSMA Headquarters

■ Major metropolitan executives met with members of the OSMA staff in late January to discuss membership development activities for 1997. OSMA legislative priorities were also discussed, as well as preparation for district caucuses for the 1997 OSMA Annual Meeting May 16-18 in Columbus. In attendance were representatives from Butler, Franklin, Lucas, Mahoning, Montgomery and Stark counties, and the Medical Society of Greater Akron. ■

Multichannel testing remains problematic

■ *The OSMA is proposing a language change in the medical necessity release form.*

The refusal of Medicare to reimburse for what it deems are "medically unnecessary" multichannel tests continues to plague physicians, but an OSMA task force is working to change language in the form that asks patients to accept financial responsibility for lab tests.

As reported in the December and January issues of *OHIO Medicine*, the Health Care Financing Administration requires Medicare carriers to refuse reimbursement for certain multichannel lab tests, claiming that the test result shows that the test was medically unnecessary.

As a result, physicians have been encouraged to have their patients sign an advanced beneficiary notice form (developed by the OSMA and accepted by Medicare), which explains to the patient why a test may not be reimbursed by Medicare and asks them to accept any financial responsibility.

RESOLUTION SEEKS CHANGE

Since then, Bill Fry, director of the OSMA's Ombudsman Services, reports that the Task Force on Managed Care has taken action on Resolution 16-96, which was introduced at last year's OSMA Annual Meeting. That resolution asks the OSMA "to work with the Medicare carriers in Ohio to modify the terminology used in advanced beneficiary notices so that the document accurately reflects the carrier's denial of payment based on discrepancies between the carrier's expected diagnosis and that supplied by the physician..."

The task force agreed that the following language (in italics) should be added to the advanced beneficiary notice form: "Medicare usually does not pay for this laboratory test, *even though your physician considers the tests are reasonable and necessary.*"

Medicare has since approved the change, Fry says.

"It's true that this doesn't address the bigger issue of Medicare refusing to pay for tests it deems are medically unnecessary," Fry says. "But it is important in that this proposed language change makes it clearer to the patient that the physician disagrees with Medicare. It can help explain why the physician is recommending a test that Medicare probably won't pay for."

What You Can Do: If you have a question about ordering multichannel tests for Medicare patients or would like to receive the Medicare necessity form, contact the OSMA Department of Ombudsman Services at 1-(800) 766-6762. ■

Mergers topic of meeting

Issues surrounding hospital mergers and acquisitions will be the focus of the educational portion of the OSMA's Organized Medical Staff Section Annual Meeting Friday, May 16 from 9 a.m. to 1 p.m. at the Columbus Convention Center.

Also on the agenda is a presentation on the National Committee for Quality Assurance (NCQA). NCQA, which accredits managed-care companies, recently released a ratings report of Ohio's HMOs. For more information, contact Shar Wackman at 1-(800) 766-6762, Ext. 109. ■

Medicare/Medicaid billing seminars planned

Do Medicare and Medicaid billing guidelines have you scratching your head? Do questions about claims documentation and changes in reimbursement procedures often arise? Then plan to attend one of the OSMA's 22 Medicare and Medicaid billing seminars offered around the state this summer.

Sponsored by the OSMA's Department of Ombudsman Services, these comprehensive, half-day billing seminars feature expert instruction by representatives of Medicare and Medicaid, including time-saving hints and policy changes in these government-sponsored programs. The seminars will be conducted in the following cities: Canton, Cambridge, Cincinnati, Columbus, Cuyahoga Falls, Dayton, Elyria, Girard, Lima, Mansfield, Perrysburg and Portsmouth.

The cost of the seminar is $50 per person for OSMA member physician offices and $75 per person for non-OSMA members.

For information on the seminar nearest you, contact the OSMA Ombudsman at 1-(800) 766-6762, Ext. 215. ■

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PIE Mutual Insurance Co 24
Tri-Health 20
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OHIO Medicine Resource Guide

Helpful resources are a phone call away. For more information on those items listed in this month's issue, refer to the appropriate page number provided below.

In This Month's Issue:

■ **Medicare newsletter index**...*page 8*

Access information you need on Medicare regulations quickly and easily. Free to OSMA members. Contact the OSMA's Department of Ombudsman Services at 1-(800) 766-6762, Ext. 215.

■ **Integrated delivery system newsletter**...*page 11*

Monthly tips on practicing in an integrated environment, published by the OSMA's Division of Legal Affairs. Call 1-(800) 766-6762, Ext. 132.

■ **HIV testing sites list**...*page 14*

The Ohio Department of Health can provide you with an updated list of HIV testing sites, patient consent forms for in-office testing and the CDC's AIDS guidelines. Contact Mario DeSantis, ODH, at (614) 644-1866.

■ **Sports medicine roles/responsibilities**...*page 17*

The Joint Advisory Committee on Sports Medicine's new book clears confusion between the roles of high school team physicians and athletic trainers. Contact PRC Publishing at 1-(800) 336-0083.

■ **POL-NET, Physicians' Online software package**...*page 19*

Here's help for navigating the World Wide Web. Contact POL Member Services staff at 1-(800) 332-0009.

■ **Medicare/Medicaid billing seminars**...*page 23*

You and your staff can learn more about claims documentation and changes in reimbursement procedures. Contact the OSMA's Ombudsman at 1-(800) 766-6762, Ext. 215.

From the AMA:

■ **Anti-smoking hero available**

The AMA's anti-tobacco superhero, "The Extinguisher" is available for local appearances to promote anti-tobacco, medical society-related events. For information, call Michelle Roberts at (312) 464-4415.

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OHIO Medicine

A Publication of the Ohio State Medical Association

OSMA, Kaiser unveil joint legislation

■ *The managed-care standardization bill represents an unprecedented alliance between the two organizations.*

The OSMA, along with partner Kaiser Permanente, announced joint support for a managed-care standardization bill, now known as the Physician-Health Plan Partnership Act (PHPPA), at a press conference last month. The legislation joins five other managed-care proposals already introduced on the subject (see the related story on page 4).

The PHPPA marks the first time that physicians and managed care have formed an alliance.

"This legislation will help ensure that health plans and physicians are working together for patients by adopting the best practices of managed-care organizations as industry-wide standards," says John Kroner, MD, OSMA president.

WHY TEAM WITH MANAGED CARE?

Kaiser Permanente may seem a strange bedfellow. In fact, managed-care plans have been among the most vocal opponents of managed-care legislation in other states. Ohio's unprecedented physician-plan partnership is expected to help convince legislators that the bill proposes a workable solution for both medicine and managed care.

Robert Schulz, MD, chair of the OSMA's Committee on State Legislation, put it this way: "Our experience with tort reform shows that a coalition effort facilitates the legislative process. A coalition on this issue should prove to be just as beneficial."

WHAT ABOUT ACCESS TO PHYSICIANS?

A point-of-service option that the OSMA initially considered for its bill was omitted from the PHPPA. There are several reasons why.

First, ensuring access to a patient's physician of choice can be done in several ways. Options include point-of-service, any-willing-physician provider, and even medical savings accounts, which allow a patient freedom to visit any physician. (The OSMA was instrumental in passing MSA legislation last year.)

Second, several of the other managed-care bills that have been introduced include some of these options, so the access issue will be debated at the Statehouse this session whether or not the subject is raised in PHPPA.

Third, more and more managed-care plans are already expanding patient access to physicians because that is what the market wants. Medimetrix Group, Inc., a Cleveland-based health-care consulting firm, has indicated that as of Jan. 1, 1996, 68% of the HMOs operating in Ohio are either open-ended or offer a point-of-service option. That figure is projected to be between 70% and 75% today.

"Point-of-service is still an important item for us," says Ed Loughery, MD, OSMA legislative committee member. "But it requires more study. We shouldn't hold up the bill when it includes so many issues on which we've reached consensus."

Photo by Jack Kustron

Attending the Physician-Health Plan Partnership Act press conference were (from left): Rep. Charleta Tavares (D-Columbus); Richard Popiel, MD, medical director of Strategic Division and New Ventures, Ohio Permanente Medical Group; John F. Kroner, MD, OSMA president; Sen. Karen Gillmor (R-Old Fort); Donald R. Oxley, vice president and executive director of Kaiser Permanente, Cleveland market; Rep. Dale Van Vyven (R-Sharonville); and Carol Petrucelli, executive director of Kaiser Permanente, Akron market.

What You Can Do: To order a copy of the PHPPA call the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228, and request Item #1. For an executive summary of the bill see the response card on the front cover of this issue. ■

Med board proposes increase in license fee

■ *If the budget bill passes, your biennial license renewal fee will increase $25.*

The State Medical Board of Ohio has proposed an increase in licensure fees for 1998-1999. A provision in the state budget bill (HB 215) calls for fees for physician biennial license renewals to increase by $25, raising the fees from $250 to $275 per biennium.

In testimony before a subcommittee of the House Finance and Appropriations Committee, the medical board's executive director, Ray Bumgarner, said the increase was needed to assure that sufficient revenue is generated to support the board's ongoing activities, including several new projects such as a pilot credential-verification service.

SEPARATE STRUCTURE

Also included in the budget bill is a proposal that establishes a separate fund for board operations. Currently, revenue money collected by the board from physician licensure renewals is placed in a general fund with monies from other state boards and commissions. A separate fund would ensure that the money collected from doctors would go directly to medical board programs and projects.

The state's Office of Budget and Management, however, says a separate fund could not be implemented without first establishing a staggered license renewal (details on how that would be done are still under development).

OSMA SUPPORT

The OSMA is not opposing the proposed fee increase. OSMA Secretary-Treasurer John Thomas, MD, explains why: "Physicians, in general, don't want to see a fee increase, but the board is not asking for more than a cost-of-living raise to meet expenses. If we expect the board to maintain the same level of services it offers now, we can expect it to need an increase in revenue, just the way other businesses do. We decided to take this opportunity, however, to support a separate fund for the board. The board should be able to manage its own money."

What You Can Do: If you have questions about the proposed fee increase or separate operating fund proposal, contact Nick Lashutka, associate director, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 226. ■

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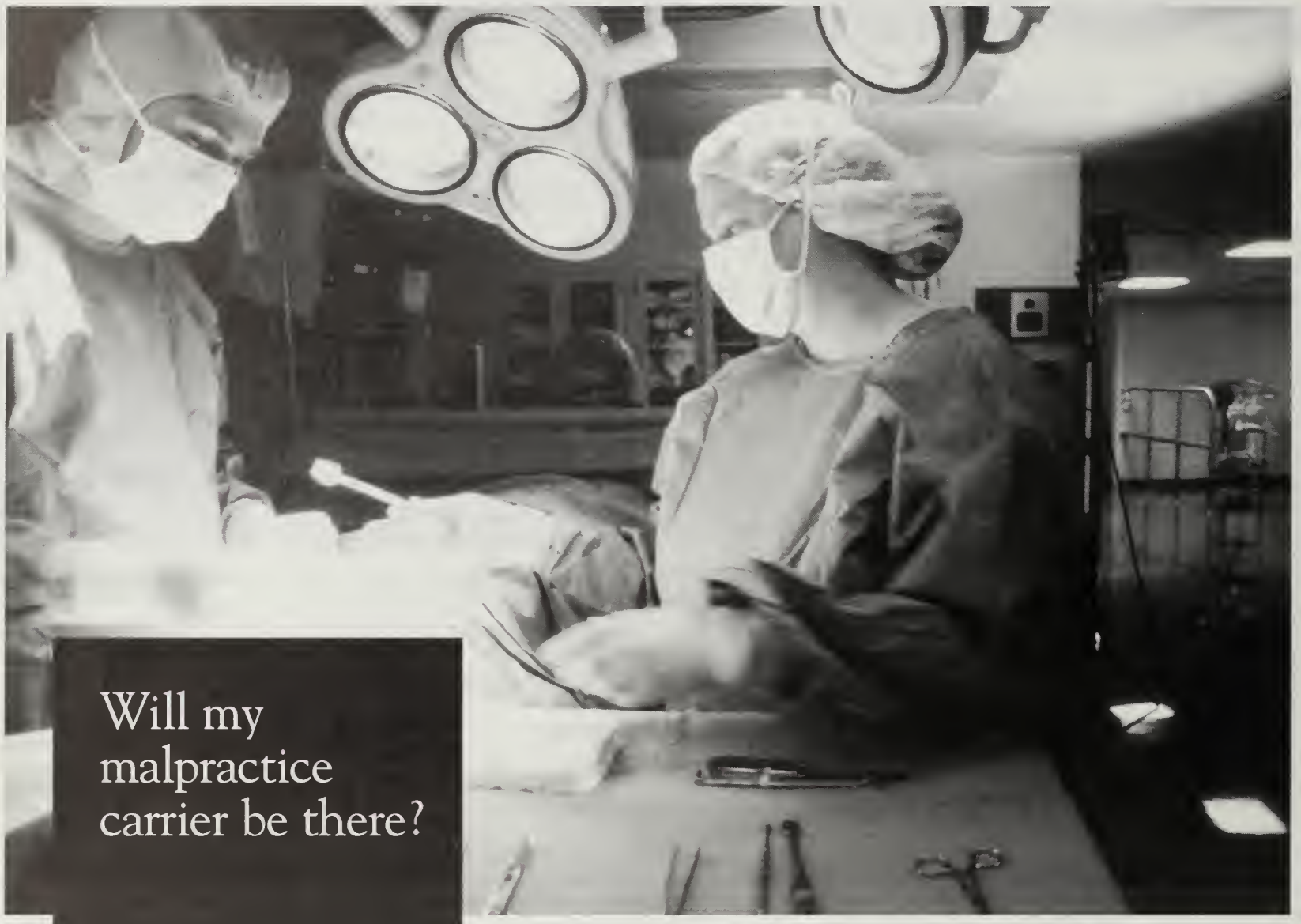

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OSMA delegates head to Columbus

■ *The 1997 OSMA Annual Meeting will take place May 16-18 at the Columbus Convention Center.*

OSMA delegates and alternates will meet in Columbus to consider resolutions and set policy for the association for the upcoming year.

The three-day event begins May 16 with the First Session of the House of Delegates that evening. Early that day, OSMA's Organized Medical Staff Section will hold its Annual Meeting from 9 a.m. to 1 p.m. (see the related story on page 14).

The schedule of activities includes:

- **Presidential Installation** – The installation of Su-Pa Kang, MD, Toledo, as OSMA president will take place during the First Session of the House of Delegates on Friday evening. The session will be followed by a presidential reception.
- **Resolutions Hearings** – Resolutions committee hearings will be held from 8 a.m. to 10 a.m. Saturday. A separate resolutions committee will be held to get input on the Task Force 2000 report.
- **OMPAC Reception, Dinner/ Dance** – OMPAC members will hold a Saturday evening reception with Secretary of State Bob Taft as their guest. A dinner/ dance for councilors, delegates and other guests is planned for Saturday evening. The Scott Levine Band, a seven-piece group from Dayton, will provide the music for the evening.
- **Final Session** – The Annual Meeting will conclude with the Final Session of the House of Delegates on Sunday morning.

If you have any questions regarding the 1997 Annual Meeting, contact the OSMA Meeting Management staff at 1-(800) 766-6762. ■

Photo by Jack Kustron

Leadership Day Conference

Tort reform, term limits and managed-care legislation were just some of the issues presented by Tim Maglione, JD, director of the OSMA Department of Legislation at the OSMA's Annual Leadership Conference held last month in Columbus. Rep. JoAnn Davidson talked about legislative issues in the Ohio House impacting physicians. J. Steven Polsley, MD (pictured above), Second District Councilor from Urbana, takes notes during the presentations.

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Interests protected in solvency bill

The debate over whether or not physician-sponsored managed-care networks should be forced to meet the same solvency requirements as other managed-care organizations continues at the Statehouse. The OSMA actively opposes the one-size-fits-all requirement that's stipulated in the Ohio Department of Insurance bill for one reason: to protect your future.

You may believe, at present, that the Managed-Care Uniform Licensure Act has little to do with you or your practice, but as managed care continues to push more and more Ohio physicians into group practice arrangements, group practices will find they have to form physician-sponsored networks in order to compete effectively in the marketplace.

"This is really a bill about the future," says OSMA Legislation Director Tim Maglione. "We want to make sure that the options available for physicians in the future come without the regulations and framework that limit their effectiveness."

The OSMA will bring in Wake Forest law professor Mark Hall to justify to legislators the concept of different solvency standards for physician-sponsored networks.

The bill, which was introduced last month, remains in a House committee.

What You Can Do: For more information about the Managed-Care Uniform Licensure Act, contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and request Item #3, the MCULA status report. ■

Inside

CME CHANGES made by the Accreditation Council for CME may result in a reduction of CME sponsors, but changes will come slowly to Ohio...**5**

THE STATEWIDE TRAUMA SYSTEM DEBATE resurfaces with a proposed bill that mandates a statewide trauma system in Ohio. The OSMA has studied the issue for 11 years, but is reserving judgment...**6**

STANDARDIZED CREDENTIALING is the focus of recent talks held between the National Committee for Quality Assurance and the OSMA...**7**

OSMA CANDIDATE FOR PRESIDENT-ELECT, Lance Talmage, MD, is the first member of the Organized Medical Staff Section to run for the office. At press time, Dr. Talmage was unopposed...**10**

TELEMEDICINE AND PAIN CONTROL are two bills from last session that have been recently reintroduced in the Ohio Legislature...**11**

HIV/HBV RULE CHANGES have been proposed by the State Medical Board, but the changes do not reflect all of the OSMA's concerns with the rules...**16**

ON-SITE OFFICE SURVEYS need not be dreaded, as long as you're clear on who the surveyor is and what materials he or she needs from you...**17**

Need More Information?

Selected *OHIO Medicine* articles run with an item number you can use to order free, additional information and reports. Call 1-(800) 766-6762, Ext. 228. Leave your name, address, phone number, the item number(s) you're requesting and the issue you're ordering from.

- Item #9 – State Medical Board HIV/HBV rules
- Item #10 – Health-care bills status report
- Item #11 – Managed-care news
- Item #12 – Physician volunteer form (input needed on regulatory affairs)
- Item #13 – OSMA committees
- Item #14 – Comment form – problems experienced with the BWC's managed-care program

Several managed-care bills introduced

The OSMA-Kaiser supported Physician-Health Plan Partnership Act is not the only legislation at the Statehouse proposing managed-care standardization (see front page story for more details). Here are five other bills on the subject.

Managed-Care Fairness (House Bill 227)

Adopts the Managed-Care Consumer Protection Act, which addresses issues such as clinical decision-making, access to personnel and facilities, choice of provider, grievance procedures and quality of care based on clinical outcomes.

Sponsor: Charleta Tavares (D-Columbus)

Status: Insurance committee

HMO Providers (House Bill 252)

Imposes limits on altering health-maintenance organization provider panels and drug formularies during an enrollee's current period of coverage.

Sponsor: Otto Beatty (D-Columbus)

Status: Insurance committee

Managed Care (House Bill 258)

Prohibits health-maintenance organizations and the Ohio Workers' Compensation Qualified Health Plan system from discriminating in the selection of health-care facilities or providers and makes HMOs liable for denial of prescribed testing or procedures.

Sponsor: Otto Beatty (D-Columbus)

Status: Health committee

Patient Protection Act (House Bill 266)

Gives the beneficiary of a health-care plan the right to choose the provider of his or her choice.

Sponsor: Michael Fox (R-Hamilton)

Status: Health committee

Managed-Care Fairness (Senate Bill 33)

Designed to protect the interests of patients enrolled in managed-care organizations (MCOs). The bill prohibits MCOs from using gag clauses, limiting their liability, or offering incentives or bonuses for denying care. (To order a chart that compares this bill with OSMA's Physician-Health Plan Partnership Act, call the *OHIO Medicine* response line at 1-(800) 766-6762, Ext. 228 and ask for Item #4.

What You Can Do: If you would like more information on any of these bills, contact the OSMA Department of Legislation at 1-(800) 766-6762. ■

For other bills that have been introduced recently, see page 11.

Cardiac catheterization rule finally in place

This is a report of recent activities between the OSMA and various state regulatory agencies. The State Medical Board's activities are included in a separate report (see page 16.)

Regulatory Watch

OHIO DEPARTMENT OF HEALTH

Cardiac cath services...A compromise on the quality rules for cardiac catheterization services has been developed, and rules for these services are now in place. The compromise allows only existing facilities that perform catheterization services without open-heart surgical backup to continue to do so. No new facilities may offer these services if they do not provide the surgical backup. The Ohio Department of Health (ODH) will collect data from these facilities over the next two years, and if data show that low-risk patients can receive quality care without on-site surgical backup, then the department may amend its rules to allow more facilities to open.

The OSMA and other groups still believe the rule allows the ODH to exceed its statutory authority. "But given the unusual way the language of the law was drafted," says Marla Bump, associate director, OSMA Department of Legislation, "the director could have promulgated any rule for these services if this rule failed, so we agreed to the compromise." (Under the statute that phases out Certificate of Need, the department could put its rules into effect if the Joint Committee on Agency Rule Review rejected the rules a second time. JCARR rejected the department's original rules last fall.)

JCARR has approved the compromise rule, setting into place the last and most controversial quality rule to be developed for a deregulated service. The rules are intended to assure that certain standards of care are met after the Certificate of Need process ends.

If you have further questions about the cardiac cath quality rule, contact Marla Eshelman, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 222.

Quality assurance... Data collection, as it relates to the nine new quality assurance rules, continues to be a point of contention between the OSMA and the ODH, which wants to release raw data to the public. The OSMA and other groups believe that any data collected from deregulated services should be risk-adjusted before it's released. The ODH's own Quality Measures Committee has suggested a system where raw data is sent to a risk adjuster, approved by the ODH. Providers would then submit risk-adjusted data to the ODH. The ODH would prepare a public report of the data, based on these reports. The OSMA supports the proposal of the Quality Measures Committee, and will continue to work with the department to persuade it to release only risk-adjusted figures to the public.

BUREAU OF WORKERS' COMP

Deadline extended... The deadline for certifying physicians under the Health Partnership Program (HPP) – the BWC's new managed-care program – has been extended until Sept. 1, 1997. For more information, contact the BWC at 1-(800) 477-2292.

HPP growing pains...A subcommittee of the bureau's Health Care Quality Advisory Council has been formed to work on any problems created by the bureau's Health Partnership Program between providers and managed-care organizations. Representatives from both groups make up this ongoing panel. Physicians are represented by OSMA member Kevin Trangle, MD, who is soliciting feedback from members on problems they may have encountered with MCOs that are HPP providers. Physicians who wish to comment may contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and request Item #14. A form will be sent to you to complete and return. These will be forwarded to Dr. Trangle. ■

Physician volunteers needed

To improve the OSMA's effectiveness in monitoring and responding to regulatory issues, the association is compiling a list of physicians willing to volunteer advice on specific regulatory topics on an as-needed basis.

The purpose is to solicit more physician feedback regarding agency rules or other proposals in a more timely manner. When the need arises, the OSMA will contact those physicians most likely to have an interest in the subject matter. Assistance may take several forms:

- You may be asked to comment on a specific set of agency rules or a specific agency policy or position.
- You may be asked to respond to a practice guideline recommended by the medical board or other agency. This would require a review of, and comment on, a written proposal.
- If an agency is forming an advisory committee to provide feedback on an issue, and it asks the OSMA to recommend a physician to serve, the association would turn to its list of physician volunteers. Physicians with e-mail and/or fax access would be especially useful as volunteers, as immediate responses are often needed.

What You Can Do: If you would like more information before you enlist as a volunteer, contact Nancy Gillette, JD, OSMA Division of Legal Affairs, at 1-(800) 766-6762, Ext. 128. If you are interested in participating, please contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #12. A form will be sent to you to complete and mail or fax back. ■

CME changes will be gradual in Ohio

Dr. May...*CME committee chair*

The Accreditation Council for Continuing Medical Education (ACCME) is considering changes in the accreditation system, which may result in a reduction of CME sponsors. "However," says Albert May, MD, chair of the OSMA Committee on Accreditation and Education (A&E), "don't expect any major changes in the state for the next three or four years, or until proper educational programs are conducted."

For most physicians, changes will be minimal. Rural areas or small institutions running on a shoestring budget will be most affected, says Dr. May.

Ohio is one of 30 states where CME is mandated. Ohio physicians must complete 50 hours of CME each year. Enforcement of CME requirements is vigorously pursued by the State Medical Board.

The OSMA's A&E committee is dedicated to ensuring that CME opportunities are available to all physicians in the state.

Currently, the OSMA, through the auspices of the ACCME, accredits various health-care organizations as CME sponsors. This accreditation allows the OSMA to provide physicians with local/regional opportunities to earn CME credit to fulfill the State Medical Board of Ohio doctor of medicine requirements.

"Because the A&E committee believes Ohio physicians need education in nonclinical as well as clinical areas, in order to be a well-rounded physician who delivers high-quality patient care, Ohio frequently accredits nontraditional CME sponsors such as managed health-care organizations, insurance companies, health-care groups and others," says Dr. May.

Currently, three-fourths of the state is well-served with CME opportunities. Physicians in the state's southeastern quadrant may have the most difficulty finding CME courses, a challenge the A&E committee works constantly to improve.

The OSMA Committee on Accreditation and Education will continue to study this issue and will update members through *OHIO Medicine* and the *CME Newsletter*. ■

June 1998 is deadline to complete CME

Ohio physicians have until June 30, 1998 to complete the 100 hours of CME required for this biennium, which started July 1, 1996. There are no exceptions for physicians currently not working in the medical profession or who are retired. Partial exceptions are granted to those who have been ill or out of the country for more than six consecutive months during the biennium.

Requests for exemptions must be made in writing to the State Medical Board of Ohio, Continuing Medical Education Exemption, 77 S. High St., 17th Floor, Columbus, OH 43266-0315.

The State Medical Board mails every physician registered to practice medicine or surgery an application for registration the first of March in the year of registration. The application requires the physician's signature and the statement that the applicant has fulfilled the required CME. No documentation need be submitted with renewal registration.

In order to fulfill renewal requirements, a physician must:

1) **Complete the requisite number of hours of approved CME.**
2) **Certify upon the license renewal application card that CME requirements have been met.**
3) **Answer all the questions on the back of the renewal application card.**
4) **Forward only the signed renewal card and renewal fee to the treasurer's office. Do not send any correspondence with the fee and card.**
5) **In the event of an audit, the licensee must be able to provide accurate records of CME activities.**

At least 40 hours of CME must be earned in Category 1 (a total of 100 hours may be earned). Only 60 hours of CME activity may fall within Category 2.

What You Can Do: If you have any questions pertaining to CME, you may contact the OSMA's Continuing Medical Education Department at 1-(800) 766-6762, or the State Medical Board of Ohio at (614) 466-3934. ■

Debate over statewide trauma system heats up

■ *The subject has been discussed, off and on, for 11 years.*

The debate over whether or not Ohio should have a statewide trauma system is expected to reach the Statehouse this year when Rep. William Schuck (R-Columbus) introduces a bill mandating such a system.

Although the legislation has not yet been proposed, the Association for Hospitals and Health Systems (formerly the Ohio Hospital Association) and other groups are already raising concerns, saying that not enough data exists to support the need for a legislated trauma system. The state's existing trauma care, composed of quasi-volunteer community systems, is sufficient to meet Ohioans' needs, they say.

The idea of creating a mandatory statewide trauma system is hardly new. The OSMA Task Force on Emergency and Disaster Medical Care has wrestled with the subject for 11 years, since a resolution, adopted at the 1986 OSMA House of Delegates, called for the OSMA to develop legislation establishing a nonprofit entity charged with categorizing hospitals for the management of trauma. The legislation was also to require periodic reverification, based on level of performance and compliance with established standards.

SEVERAL GROUPS INVOLVED

Since then, the OSMA has worked with several trauma groups, including the State Emergency Medical Services (EMS) Board, to create general principles for a trauma system in Ohio. (An attempt to draft legislation failed in 1989.) Last spring, both the OSMA task force and the OSMA Council approved the concepts set forth in a trauma system report, drafted by the Trauma Care Advisory Group of the State EMS board.

Opponents say not enough data exists to support a mandatory system.

"The report presented the concepts of a statewide system that had enforcement provisions," says Dave Torrens, who staffs the OSMA's emergency and disaster task force. "The idea was for a system that set specific trauma criteria for those facilities that chose to participate."

Despite the OSMA's support, the EMS board failed to act on the report submitted by its trauma care group until recently. When a report was finally submitted to the state for consideration, language had been inserted that called for such a statewide system to be voluntary. That language was not in the draft that had been approved by the OSMA.

The OSMA will monitor Rep. Schuck's bill when it is introduced. Although the association originally backed the plan for a statewide system, it is unlikely to take a stand on the bill until it has a further opportunity to study the measure.

OHIO Medicine will provide updates on Rep. Schuck's bill as they become available.

What You Can Do: If you have questions or comments about trauma care in Ohio, contact the OSMA's Department of Legislation at 1-(800) 766-6762. ■

Doctors Hospital talking with Columbia

In an attempt to affiliate with a larger hospital system, Doctors Hospital in Columbus is in negotiations with Columbia/HCA Healthcare Corp., the largest operator of hospitals in the U.S. Doctors, which operates three osteopathic hospitals in central Ohio, says the talks are just that, and that no sale is imminent. Hospital officials point out that Doctors has discussed affiliation agreements with no less than 10 hospital systems since June 1995, when negotiations to affiliate with Mount Carmel Health System ended.

Managed-Care News

■ Cincinnati

Geriatric network formed... Eleven nonprofit organizations have formed Momentum Health Solutions – a geriatric care network – to better serve the needs of the geriatric population in Greater Cincinnati and Dayton. The alliance operates 15 retirement communities, nursing homes and community-based services, and cares for more than 8,000 older adults. The network will not only integrate care for its residents, it will also work with the medical community to review utilization patterns, current practice patterns and contractual arrangements in order to improve medical management practices. While the network does not represent a merger, the group will negotiate with managed-care plans in order to provide its patients the most cost-effective care.

Blue Cross, Meridia dissolve joint venture... Blue Cross & Blue Shield of Ohio will buy out Meridia Health System's interest in Medical Insurance Co. of Ohio, which operates as Northeast Ohio Community Health Plan. The move effectively dissolves the pair's joint venture, clearing the way for Meridia to sign a merger agreement with the Cleveland Clinic Foundation. The Ohio Department of Insurance, meanwhile, has rejected the sale of Blue Cross to Columbia/HCA Healthcare, saying the price was too low and the interests of 1.5 million policyholders weren't taken into account.

■ Lancaster

Fairfield Medical Center anticipates growth... Fairfield Medical Center has purchased eight acres of prime Lancaster property in anticipation of a competitor's forthcoming surgical center. While Fairfield has no immediate plans for the land, it sits adjacent to property owned by Mount Carmel Health System, which plans to open its River View Surgery Center this fall. The land is zoned for commercial use, which could allow for an ambulatory system of some sort to be built. Meanwhile, Fairfield plans to open a 40,000-square-foot outpatient surgical center and physician office complex on the hospital's main campus in May.

■ Toledo

Clinic rebounds, projects more growth...A health center that nearly closed four years ago is planning to open another clinic. The Cordelia Martin Health Center in central Toledo is a federally funded facility that mainly serves low-income, elderly and uninsured medical and dental patients. It plans to open its seventh clinic this spring, in addition to refurbishing two Toledo Family Health Center offices.

■ Ohio

Cigna looks to expand territory... Cigna Healthcare of Ohio has asked the Ohio Department of Insurance to approve its proposed expansion of its HMO into 22 additional Ohio counties. The plan is currently marketed to self-insured employers in 36 counties. If it receives the go-ahead, Cigna would likely begin marketing the HMO almost immediately. The proposed expansion would include the Athens, Lima, Portsmouth and Zanesville areas.

What You Can Do: For a full report on managed-care news in Ohio and around the nation, request Item #11 by contacting *OHIO Medicine*'s reader response line at 1-(800) 766-6762, Ext. 228. ■

What's the OSMA done for you lately?

Tracking credentialing verification process

Health plan X's survey staff has just left your office. Your staff has spent most of the week generating credentials documents, pulling charts and answering the survey staff's questions. The survey staff worked from one of your exam rooms because there was simply nowhere else to put them. It was a rough week, but now they're gone...just in time for health plan Y's survey staff to take up occupancy.

REQUIREMENTS CAN OVERWHELM

The proliferation of entities requiring ongoing monitoring of physicians – in the forms of recredentialing, site surveys and medical record audits – is creating a nightmare for physicians who are providers for numerous health-care plans. Not only are these monitoring requirements imposing on physicians' time (taking away time from patient care), but they are costly and troublesome with regard to medical records confidentiality.

STANDARDIZED FORM GAINS ACCEPTANCE

The OSMA has taken steps to help ease the credentialing process by creating a standardized credentialing form that is gaining wider acceptance in the state. For example, the Ohio Association of Health Plans (OAHP) has agreed to use the form, and the Ohio Academy of Family Physicians (OAFP) and the Ohio Osteopathic Association (OOA) are also considering its use. The OSMA also added a provision calling for statewide standardized credentialing in the Physician-Health Plan Partnership Act (see front page story for details).

A standard form is only a beginning step in solving the problem of ongoing monitoring of physicians, however. The next step is to create an entity that would perform one or two comprehensive reviews per year, including site surveys and medical records audits. The OAHP, OAFP, OOA and the OSMA are jointly investigating the possibility of establishing such an entity. Recently, these groups approached the National Committee for Quality Assurance (NCQA) with its proposal. (The NCQA monitors the quality of health-care plans.)

The NCQA says it now certifies such entities, known as credentialing verification organizations (CVOs), and health plans that contract with CVOs for provider credentialing verification would not be required to do additional oversight. At present, however, CVOs only perform the application portion of the credentialing process. A site survey and medical records audit would still be performed by the plan. The NCQA indicated, however, that it is willing to find a solution to the OSMA's concerns and is willing to continue to work with the OSMA and other groups to help formulate a plan to ease the credentialing process. ■

Get involved: Join an OSMA committee

Would you like to become more involved in the OSMA? Here's your opportunity. Appointments to OSMA committees are made by the president.

If you're interested in serving on a particular OSMA committee, talk to your district councilor or to OSMA President-Elect Su-Pa Kang, MD, whose job it is to make committee appointments. The following committees are subject to change pending the 1997 OSMA Annual Meeting:

- Committee on Accreditation and Education
- Committee on Auditing and Appropriations
- Committee on Judicial and Professional Relations
- Committee on Membership Marketing and Services
- Committee on Public Health
- Committee on State Legislation
- International Medical Graduate Task Force
- Joint Advisory Committee on Sports Medicine
- *OHIO Medicine* Resource Committee
- OSMA Staff Pension Committee
- Task Force on Emergency and Disaster Medical Care
- Task Force on Insurance Reform
- Task Force on Managed Care
- Task Force on OSMA
- Workers' Compensation Task Force – Ad Hoc Task Force on HPP/QHP
- Young Physicians Committee

What You Can Do: For a detailed list of OSMA committees and their responsibilities, contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and request Item #13. ■

Billing seminars to start in June

The OSMA's Department of Ombudsman Services is offering a number of Medicare/Medicaid billing seminars around Ohio this summer. These comprehensive, half-day billing seminars feature expert instruction by representatives of Medicare and Medicaid, including time-saving hints and policy changes in these government-sponsored programs.

The cost of the seminar is $50 per person for OSMA member physician offices (including office staff), and $75 per person for non-OSMA members.

The dates and locations are:

- June 4 – Dayton Marriott Hotel
- June 6 – Holiday Inn, Perrysburg
- June 12, 13 – Canton Hilton
- June 18 – Holiday Inn, Elyria
- June 19 – Sheraton Suites, Cuyahoga Fallls
- June 25 – Ramada Inn, Portsmouth
- June 26 – Holiday Inn, Cambridge
- July 9 – Avalon Inn, Warren
- July 10 – Holiday Inn, Boardman
- July 15 – Holiday Inn, Eastgate
- July 16 – Holiday Inn, Columbus West
- July 23 – Holiday Inn, Lima
- July 24 – Comfort Inn, Mansfield

To register, contact the OSMA Ombudsman at 1-(800) 766-6762, Ext. 215. ■

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OMSS chair runs for OSMA president-elect

■ *One of Dr. Talmage's first priorities if elected OSMA president will be to increase unity among physicians.*

Dr. Talmage

For the first time in the history of the Ohio State Medical Association a member of the Organized Medical Staff Section is tossing his hat into the ring for OSMA president. Lance A. Talmage, MD, a board-certified obstetrician-gynecologist in Toledo, and OSMA's Organized Medical Staff Section chair, is the only candidate, as of this writing, for the office of OSMA president-elect.

Dr. Talmage has demonstrated exceptional leadership as the OSMA-OMSS chair, as a representative to the OSMA Council, as a past president of the Academy of Medicine of Toledo and Lucas County, and as a member of the Ohio delegation to the American Medical Association.

When asked why he decided to run for OSMA president, Dr. Talmage says, "I have a real passion to see the OSMA represent all physicians in a meaningful way – to advocate for patients to have quality care and legislation that allows both groups access."

SETTING PRIORITIES

"One of my first priorities if elected OSMA president will be to increase unity among physicians, which will increase membership in the OSMA and increase involvement in OSMA activities in order to further the things we do best," he says.

Dr. Talmage would also like to build alliances with other groups. He compared it to an army going into battle – you want to have as many allies as you can get. "OSMA tries to do everything. Sometimes it's just not physically or monetarily possible," he says, adding, "We need to determine our strengths and exploit those strengths to the maximum benefit of our patients and our professionalism."

Domestic violence will be another concern of Dr. Talmage's presidency. "I believe we need to re-emphasize domestic violence, child abuse and elder abuse. We need to increase physicians' awareness and response to domestic violence in order to deal with the problem."

Dr. Talmage and his wife, Dee, who is past OSMA Alliance president and a member of the OMPAC board, are politically active in their community. The Talmages open their home regularly for fund-raisers for political candidates. "It's a good way for physicians to develop a close, personal contact with legislators, and that's an advantageous position for medicine," Dr. Talmage says.

MEDICAL BACKGROUND

A brigadier general in the Ohio National Guard, Dr. Talmage decided on a career in medicine after receiving an undergraduate degree in chemical engineering from the University of Toledo in 1960. A military history buff, Dr. Talmage admits if he hadn't become a physician, he'd be a career military pilot.

Dr. Talmage received his medical degree from the University of Michigan Medical School in 1964 and did a rotating internship at The Toledo Hospital, and an obstetrics and gynecology residency at the University of Michigan Medical Center.

He is the son of a former Toledo family practitioner, and his son is currently an anesthesiology resident at the University of Alabama at Birmingham.

Away from medicine, Dr. Talmage enjoys serving his community. He serves as a member of the Lucas County Domestic Violence Task Force and the board of trustees for The University of Toledo Alumni Association. He is a member of the Kiwanis, Toledo Zoological Society, and the Ottawa Hills School Athletic Boosters Club, where he has been football team physician for 15 years. He was associated with the United Way cabinet, as well as being honorary chair of the March of Dimes.

Dr. Talmage and his wife, Dee, are the parents of three children – Tamara, Lance Jr., MD, and Tenley. ■

For a complete schedule of activities for the 1997 OSMA Annual Meeting, see the related story on page 3.

Pain control, telemedicine bills introduced

The following health-care bills have been introduced recently in the Ohio House.

House Bills

Drive-Through Mastectomies (House Bill 176)

Prohibits health-care corporations and health-maintenance organizations from requiring that mastectomies be performed as outpatient procedures.

Sponsor: Otto Beatty (D-Columbus)

Status: Health committee

Anatomical Gifts (House Bill 271)

Specifies that a declaration of an anatomical gift takes precedence over contrary wishes of the donor's family and makes other provisions favoring donation of anatomical gifts.

Sponsor: William Schuck (R-Columbus)

Status: Health committee

Telemedicine (House Bill 193)

Provides, with some exceptions, that a physician licensed by another state who provides medical services in this state (directly or electronically) must obtain a certificate to practice from the State Medical Board.

Sponsor: Rose Vesper (R-New Richmond)

Status: Health committee

Pain Control (House Bill 187)

Establishes guidelines for physicians who prescribe, dispense and administer controlled substances for management of intractable pain.

Sponsor: E.J. Thomas (R-Columbus)

Status: Health committee

Nonprofit Assets (House Bill 242)

Requires the attorney general to review transfers of assets by certain nonprofit health-care entities to for-profit entities.

Sponsor: Dale Van Vyven (R-Sharonville)

Status: Health committee

Medical Savings Accounts (House Bill 212)

Gives state employees the option of choosing medical savings accounts for their health-care coverage.

Sponsor: Robert Netzley (R-Laura)

Status: Health committee

Managed-Care Uniform Licensure Act (MCULA) House Bill 265

Sets minimum capitalization standards for managed-care organizations, including physician-sponsored networks.

Sponsor: Dale Van Vyven (R-Sharonville)

Status: Insurance committee

Senate Bills

Workers' Comp Reform (Senate Bill 45)

Makes various changes in the structure, payment and determination of benefits, and prohibits health-care providers from receiving payments for false claims. A companion bill is in the House. (For more information see the related story on page 14.)

Sponsor: Robert Cupp (R-Lima)

Status: Commerce and labor committee

What You Can Do: For an updated status report of current health-care bills monitored by the OSMA, call the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #10. ■

Pharmacists seeking prescription authority

The next group of practitioners you may be sharing your practice with are pharmacists.

Although not yet introduced at press time, drafted legislation circulating at the Statehouse would greatly expand pharmacists' scope of practice, including allowing them to manage a patient's drug therapy in cooperation with a physician, podiatrist, dentist, veterinarian or any group of licensed health professionals authorized to prescribe drugs.

These "consult agreements" would allow pharmacists to:

- Counsel patients regarding drug therapy.
- Perform drug regimen reviews and drug-utilization reviews.
- Prescribe or administer prescription drugs and drug therapy-related devices and order tests necessary for the appropriate initiation, monitoring and modification of a patient's drug therapy.
- Provide pharmacy-related primary care, including patient education, health promotion and patient assessment.

The OSMA is monitoring this proposed bill closely. *OHIO Medicine* will provide further updates as they become available. ■

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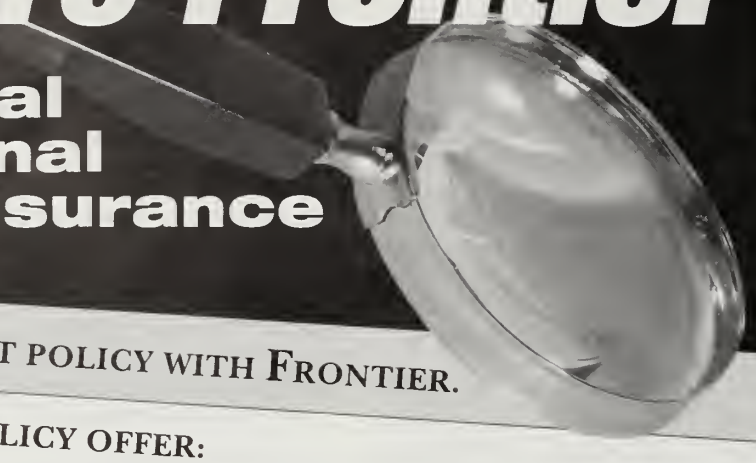

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President's Perspectives

Year of managed care

■ Will this be the year that you have your say when it comes to managed care?

John F. Kroner, MD

Every year, it seems, someone from the OSMA makes a pitch about joining the Ohio Medical Political Action Committee (OMPAC) and the Physician Legislative Action Network (PLAN). This year, I'd like to add my own voice to those others urging you to join.

As you read through this issue, you'll see that managed-care standardization, including the Physician-Health Plan Partnership Act that we support, will be the subject of much debate this legislative session. A total of six bills, including the OSMA's, have been introduced on managed care, so chances that something will be done this year in the managed-care arena are greater than they've ever been. To ensure that effort includes our viewpoint, as well as our patients', we need to speak to legislators with a unified voice. PLAN is our opportunity to do that. If you've ever thought about joining PLAN but have not yet done so, let me urge you to call Krista Bistline in our Department of Legislation (1-800-766-6762, Ext. 223) and enlist immediately in our grassroots legislative effort. The managed-care debate will occur this year with or without you. If you'd like to have a voice in how that debate shapes up, then you need to take action. We can't do it alone. And if you really aren't interested in the whole managed-care discussion, don't miss the article in this issue about pharmacists who will make a legislative push this year for prescription rights. They're likely to be the first in a long line of allied practitioners asking legislators for the same privilege.

Just as PLAN lends us your voice, OMPAC lends medicine your financial support. Through OMPAC funds, we can let legislators know that Ohio physicians are still a force to be reckoned with, both at the Statehouse and at the Capitol. This year at Annual Meeting, look around at the number of members wearing OMPAC ribbons. There is a certain amount of pride that comes with wearing a ribbon. It shows others you're actively involved in making the health-care marketplace a better one for our profession and for our patients. To show our appreciation for this commitment, we will be hosting a special reception during the Annual Meeting for OMPAC members. Krista can provide you with details on how to join this group as well. I hope you do join. I'd like to see a House full of beribboned members when I stand at the podium this year. See you at the reception! ■

Alliance Report

Compassion is key

■ Caring for people, especially the sick, is a sacred responsibility that should be recognized.

Paula Parker

Doctor's Day was March 30. It may not be a major day for Hallmark, but any day that honors the compassion of physicians is an important day for me. It's a quality I'm particularly familiar with after living with someone of infinite compassion for more than 25 years, my late husband, Watson.

Watson was intensely devoted to patient care and advocacy, ensuring that his patients received the best care possible. Teaching those values to medical students and others was an important extension of his commitment. The example of other admired physicians, especially his father, a Sandusky general practitioner, was an important motivator.

Watson believed Doctors' Day was a good idea because caring for people, especially the sick, was a sacred responsibility that should be recognized. At times, I thought he was kind of quaint when he asked how we were commemorating the day, but I was always impressed with his complete belief in being a doctor.

Doctors' Day may be over, but compassion never goes out of style. It's a powerful emotion. Caring isn't easy. It means being there. It means sacrifices. For Watson, I think the regard and friendship of patients were important rewards, but compassion and commitment to an ideal were more so.

Before we're entirely done with Doctors' Day, I'd like to say this: Thanks to the compassionate physicians who took care of Watson, and particularly those who were there in his final illness. Your caring, skills and dedication are what this non-Hallmark day are all about. ■

Letters to the Editor

Athletic training referral clarified

To the Editor:

This letter is written on behalf of the Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy and Athletic Trainers Board in response to the remarks that were made in the December 1996 issue of *OHIO Medicine*, which incorrectly describe the new law regarding athletic injuries.

The board is concerned with the statement that implies that athletic trainers have expanded our scope of practice and discarded the referral relationship that exists with physicians. The new law does not change the requirement for referrals for athletic training. We value the relationships we have established with physicians and wish to maintain them.

MARK DOUGHTY,
Chair, Athletic Trainers Section
Ohio Occupational Therapy, Physical Therapy
and Athletic Trainers Board

Editor's Note: A clarification of the remarks was published in the February issue.

Second Opinion

Improving home care

Editor's Note: *This is an update from Gary Gibson, MD, the Warren internist who wrote of the need to improve home health-care services in the January issue.*

We have taken steps to improve the home care our patients receive at our three-physician practice. Of the roughly 10 home health-care agencies in our area, we selected two that have demonstrated the greatest quality of service at competitive costs. We arranged to have a case manager from each agency meet us at our office once a month to review the status of the patients receiving home care, and to plan the next month, including consideration of whether home health care will be needed any longer. Virtually all of our new referrals and several transfers of existing patients with other services have gone to these two selected home health-care agencies. Thanks to this designation of specific home health-care agencies, we're confident that measurable improvement in both clinical outcomes and cost savings will be achieved, and are planning to measure the impact of this system.

Another item of interest to Ohio physicians in regard to home health care is the commitment in the executive and legislative branches of the federal government to trim Medicare without interrupting essential services to the elderly. If you have U.S. congressional contacts it would be wise to familiarize yourself with the issue and then lobby your congressional representative to reform and dramatically reduce funding for home health care.

If we act now, 1) to work with selected home health-care agencies that demonstrate a willingness to work under the guidance of physicians to bring about the best patient outcomes, and 2) lobby our federal legislators to fundamentally reform home health care, then we may be able to make a difference in the quality of care our patients receive. This is one of the many political areas where the interests of physicians and the welfare of patients are in harmony. ■

Resolution affects OSMA constitution

President to Appoint Committee on Tellers and Judges of Election

Submitted by: The OSMA Council

RESOLVED, That the OSMA Constitution and Bylaws, Chapter 4, Section 9, Committees of the House of Delegates, be amended as follows:

For the purpose of expediting proceedings the president shall appoint from the roster of delegates the following committees: Committee on Resolutions, to which shall be referred all resolutions (except those of an ethical nature involving the professional relations of individual physicians or groups of physicians); Committee on Credentials; and other committees considered necessary by the president. THE PRESIDENT SHALL APPOINT A COMMITTEE ON TELLERS AND JUDGES OF ELECTION FROM THOSE MEMBERS PRESENT AT THE ANNUAL MEETING.

~~The president shall appoint from the roster of alternate delegates the Committee on Tellers and Judges of Election.~~

State medical board elects officers

The State Medical Board of Ohio has elected the following officers:

PRESIDENT

Nora Noble, Consumer Member

VICE PRESIDENT

David S. Buchan, DPM

SECRETARY

Thomas Gretter, MD

SUPERVISING MEMBER

Raymond J. Albert, Consumer Member

Lawmakers mull Workers' Comp reform

Legislation seeking reform of the state Workers' Compensation system has been introduced in the Ohio General Assembly as companion bills. Sen. Robert Cupp (R-Lima) sponsors **Senate Bill 45**; Rep. William Thompson (R-Delphos) sponsors **House Bill 222**.

Here's how the bill affects physicians:

- **SB 45 contains a new definition of Ohio's occupational disease law.**

  Because the original definition has been expanded over time and revised through the courts, the bill's supporters believe the current definition is confusing. The new definition would require claimants to demonstrate their disease was caused in the workplace in order for it to be compensible.

- **Benefit amounts would be set by a "disinterested doctor."**

  Under the bill, employers and claimants would not pay for separate physician examinations. Instead, an outside physician would rate the injury, using AMA guidelines. That rating would be used to determine the benefit amount.

- **Prosecution of provider fraud would increase.**

  Additional funds will be requested in the 1998-99 biennial budget to increase enforcement in the Provider Fraud Division of the attorney general's office.

What You Can Do: If you have questions about this legislation, contact Tim Maglione, director, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 220. ■

OMSS to meet May 16

Issues surrounding physicians' involvement in the National Committee for Quality Assurance (NCQA), hospital mergers and acquisitions, and standardized accreditation will be the focus of the educational portion of the OSMA's Organized Medical Staff Section Annual Meeting Friday, May 16 at the Columbus Convention Center.

Speakers will include:

- **Tim Maglione, JD,** OSMA director of legislation, who will present an update on health-care legislation being considered by the Ohio General Assembly, with emphasis on the managed-care standardization bill.
- **Elizabeth Snelson, JD,** who will describe the appropriate role for medical staffs during mergers and will identify methods medical staffs should take to fulfill that goal.
- **Gary Krieger, MD,** who will explain physician participation in the NCQA and the involvement of practicing physician panels. He will discuss how the NCQA is addressing the issue of medical care quality, and will explain the American Medical Association's standardized accreditation program.
- **Tammy Zinsmeister,** a representative from the Commission on Office Laboratory Accreditation, who will explain its efforts to standardize accreditation through the Medical Practice Achievement Program.
- **Russell Dean,** executive director of the Academy of Medicine of Cincinnati, who will report on a statewide collaborative effort that exists among Ohio county medical societies that are providing accreditation.

For more information on the OMSS meeting, contact Shar Wackman at the OSMA at 1-(800) 766-6762, Ext. 109. ■

Academies welcome new staff members

Franklin County

■ Tracy Schiefferle has been named associate executive director of the Columbus Medical Association (CMA), formerly known as the Academy of Medicine of Columbus and Franklin County. Schiefferle will oversee the day-to-day activities of the association. The CMA can still be reached at the same address and phone number.

■ Do you know what TV programs your young patients are watching? The Columbus Medical Association and Foundation, along with several other community groups, are making an effort to battle media violence with education, information and awareness. A new brochure, *10 Tips for Parents to Stop the Media Violence*, offers ideas on ways parents can diffuse the impact of television on their children's lives. If you'd like to order free copies for your waiting room, contact Diane McDaniel at the CMA, (614) 240-7410, Ext. 154.

Cuyahoga County

■ J. Scott Clapp, JD, has been named executive vice president and CEO of the Academy of Medicine of Cleveland and Cuyahoga County. Elayne Biddlestone, who had been serving as acting executive vice president, has been named associate executive vice president and chief operation officer.

Allen County

■ Cathleen Wehri is now the administrative liaison for the Academy of Medicine of Lima and Allen County. Wehri can be reached at (419) 228-1105 on Tuesday, Wednesday and Thursday afternoons.

Hamilton County

■ The world can now access the Academy of Medicine of Cincinnati through its web page: www.academyofmedicine.org. Members will benefit from the web site because they will have easy access to up-to-date information about programs, membership, trips, services and a calendar of meetings. The academy's site is set up so that physicians will also have direct access to the AMA, the OSMA, Netwellness and Physicians' Online.

■ The academy will hold its 140th birthday celebration on May 3 at Maketewah Country Club. The late Daniel Drake, MD, will be inducted as the first member of the academy's Physicians Hall of Honor.

■ Physicians interested in forming a statewide physician-owned and -directed HMO shouldn't miss the April 17 meeting sponsored by the academy. Joseph Bilotti, MD, Physician Healthcare Plan of New Jersey, and Gary Brown, MD, Pennsylvania Physician Healthcare Plan (PPHP), the holding company for Pennsylvania Physicians Care, are speakers. Call the academy at (513) 421-7010 for more information.

What You Can Do: If you have news about activities happening in your county, let us know. Contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 221. ■

State Medical Board to change HIV/HBV rules

The State Medical Board of Ohio has proposed changes to its rule regarding physicians who are infected with HIV or HBV.

The OSMA had three concerns with the original rule:

1) **How is the reporting requirement affected when a physician-patient relationship exists?** The OSMA believes the physician-patient privilege supercedes the reporting rule, but no issue of confidentiality is addressed in the rule.

2) **What is the meaning of "exposure-prone invasive procedure"?** The rule's requirement to notify patients of seropositive status prior to performing an invasive procedure requires some interpretation because "exposure-prone invasive procedure" (the rule's language) is not defined by the Centers for Disease Control (CDC), and it requires interpretation each time such a procedure is considered.

3) **What is the defintion of HBV?** The CDC and the Ohio Department of Health recommendations relate to health-care workers who are infected with HBV and are HBeAG positive. The board rules include physicians who may have contracted HBV and who are technically infected with HBV, but may be at limited risk of infecting patients.

The OSMA was instrumental in persuading the board to assemble an ad hoc committee on infection transmission to study these issues, but the committee has failed to address most of the association's concerns. The proposed rule revisions include:

1) Changing the HBV definition to "with Hepatitis E antigen-positive status."

2) Changing the scope of the rules to apply only to licensees who perform invasive procedures.

The changes are likely to be heard at a rules hearing this month. If you would like a copy of the proposed rule changes, contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #9.

OF NOTE...

• **Licensing exam may become more portable...**A proposed rule change would enable physicians who do not hold other state licenses to be eligible for Ohio license consideration without board examination in Ohio. Doctors outside of the state would be able to take the three-part United States medical license exam in the state in which they currently reside. ■

Cadiz facing shortage of physicians

The Cadiz/Scio/Hopedale area has been designated a health professional shortage area (HPSA) by the federal government. The designation is based on the fact that the area has a population of 13,598 people served by the equivalent of 3.6 full-time primary care physicians, for a ratio of 3,777:1.

The shortage area includes Archer, Athens, Cadiz, Franklin, German, Green, Monroe, North, Rumley, Short Creek and Stock townships in Harrison County. ■

No reason to dread on-site office surveys

Not too long ago, physicians' offices weren't subject to surveys, audits, inspections and other regulatory initiatives.

IDS Newsletter

That's not true today. But it needn't be a stressful process if you know what to expect. In a recent issue of the OSMA's *Practicing in an Integrated Delivery System* newsletter, three consultants discuss "Practical Issues for Physicians to Consider When Preparing for a Managed-Care Plan Site Survey."

First, physicians should understand that the qualifications and expertise of surveyors can vary widely. Some managed-care organizations (MCOs) employ specialized staff to perform surveys. Others contract with outside firms.

When a surveyor contacts you to schedule a visit, he or she should provide you with the following information:

- A brief description of the process
- The areas of the facility that will be evaluated
- Any forms, documents or manuals that need to be reviewed
- Individuals to be interviewed
- An estimate of the time to be spent on site

While the surveyor is in your office, it is entirely appropriate for you or your staff to ask questions regarding the survey, including the reasons behind any specific requirements.

And while you should receive a formal report of the surveyor's findings within two weeks, it's advisable that you ask to review the preliminary findings before he or she leaves your office. That gives you the opportunity to correct any errors or omissions on the survey before it is turned over to the managed-care organization.

Finally, if you think of the surveyor as an ally and not an adversary, you're almost sure to find that the on-site survey can be a value-added, free service to your practice that enhances regulatory compliance and reduces risk.

What You Can Do: To receive a copy of the IDS newsletter, contact Traci Benzing, OSMA Division of Legal Affairs, at 1-(800) 766-6762, Ext. 132. ■

Tort-reform law faces challenge in court

Tort Reform

As expected, the tort-reform law passed last year will have its constitutionality challenged in court. The National Lawyers Guild of Cleveland has filed a civil suit in Cuyahoga County Common Pleas Court, naming Gov. George V. Voinovich and Attorney General Betty Montgomery as defendants.

The group contends the law denies equal access to all citizens under Ohio law and accuses the bill of disguising its lack of purpose by encompassing a range of unrelated subjects. OSMA Legislation Director Tim Maglione, who serves as co-chair of the Alliance for Civil Justice, a coalition of business groups that supported the tort-reform bill, says he doubts the challenge will meet with success. The law, he says, has been written to withstand court scrutiny.

The tort-reform law was supported by the OSMA throughout a controversial debate last legislative session. When passed, the bill contained provisions that capped non-economic damage awards in personal injury cases.

What You Can Do: Ohio Citizens Against Lawsuit Abuse (OCALA) is a nonprofit, grassroots organization formed to heighten public awareness about the danger of lawsuit abuse. To learn more about this group and its objectives, and to lend your support, call 1-(800) 418-2552. ■

Meet Your Councilor

This month, *OHIO Medicine* introduces the membership to the OSMA's new Fourth District Councilor, who replaces Alcuin Bennett, MD, who died Oct. 27.

Name: John P. Anders, MD

Age: 54

Birthplace: Dayton

District: Fourth District (Defiance, Fulton, Henry, Lucas, Ottawa, Paulding, Putnam, Sandusky, Williams and Wood counties).

Specialty: Dermatology

My family includes: Wife, Joann, and two sons, John David and Tim.

I decided to represent the Fourth District because: My situation is a little bit different because I'm trying to fill the void of Al Bennett, who is irreplaceable. When my colleagues asked me to fill the position, I was honored. I believe my past leadership experiences – president of Toledo Academy in 1991 and previous positions on the executive committee and OSMA delegation chair – will be a positive force to help the OSMA.

My major goal this year will be to: Meet and get to know as many physicians in my district in order to better represent them.

My major accomplishment is: Thirty-four years of marriage to my wonderful wife, and 22 years of a fulfilling and joyful dermatologic practice.

I'd give anything to meet: Pope John Paul II because of his spiritual and moral leadership despite tremendous opposing forces; also Jack Nicklaus, the golfer, and Jimmy Connors, the tennis player, for their skill and tremendous competitive spirit.

Nobody knows I'm: One of the first Evans scholars (golf caddy scholarship) from Toledo to graduate from the Ohio State University.

Dr. Anders

If I had not become a physician, I'd be: A tennis pro in the morning and a golf pro in the afternoon.

The three words that best describe me are: Loyal, compassionate and competitive.

If I find time, I like to spend it: Playing golf or tennis, reading and sipping red wine with my wife while gazing at the Maumee River from our home.

If there was only one thing I could do for my district, it would be: To try to instill hope and optimism while trying to survive the drastic changes affecting our profession today.

I think the top three issues facing physicians today are: 1) Survival of our profession and the doctor-patient relationship while under third-party control; 2) retain, or better yet, increase, membership in organized medicine so that we remain the influential force in determining the destiny of our patients and ourselves; 3) medical ethics.

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Ohio University Student Health Service 19
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Primary Medical Associates, Inc 11
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Change in garnishment law to benefit doctors

Physicians may now garnish up to 25% of a patient's wages if they attempt to collect a medical debt.

Previously, Ohio law placed health-care providers into a separate category and capped the amount they could garnish to 12%, reasoning that garnishing too much of a patient's wages would limit access to health care.

The cap on physicians was repealed in 1995 but it was confused by the passage of conflicting bills in November 1995. The Legislative Service Commission recently clarified the status of the law for the OSMA legal staff, which is reflected in the recently updated *Physician's Guide to Ohio Law.*

While the law now gives health-care providers equal rights when it comes to collecting debt, the implications of garnishing a patient's wages should be carefully weighed before going ahead with such an action, says Annette Shively, a legal assistant in the OSMA's Division of Legal Affairs.

"It's really your last option when all other avenues have been pursued," she says. "You have to consider the amount of the debt and ask yourself whether it's worth the time and energy. A physician should also consider the bad will that could be created between physician and patient when garnishment is undertaken." ■

Ohio declines to join tobacco industry lawsuit

Ohio will not join 19 other states in suing the tobacco industry to recover millions of dollars in Medicaid funds that have been spent on smoking-related illnesses.

Saying that such an action would waste taxpayers' dollars because it would have little chance for success, Ohio Attorney General Betty Montgomery declined to file a lawsuit, disappointing several anti-smoking groups.

A lawsuit filed in a U.S. District Court in Cleveland, however, is still pending. That lawsuit, which identifies 25 tobacco companies, lobbyists, research groups and retailers, seeks $168 million – the amount it says Ohio spends each year on Medicaid claims for smoking-related illnesses.

Health officials estimate there are about 2 million smokers in Ohio, 18,000 of which die annually of smoking-related illnesses. ■

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May 1997

OHIO Medicine

A Publication of the Ohio State Medical Association

Managed care key topic of Annual Meeting

■ *A report on the structure of the association by the Task Force 2000 is also expected to be on the agenda.*

Managed care is likely to be one of the prominent areas of discussion at this year's OSMA Annual Meeting, to be held later this month, May 16-18, at the Columbus Convention Center. The House of Delegates will consider at least five resolutions on the subject, as well as several that concern the Bureau of Workers' Compensation's new managed-care program.

Also under study this year is the association itself. A separate resolutions committee will hear discussion on the report submitted by the Task Force 2000, the group formed by President John Kroner, MD, to prepare the association for the next millenium. In addition, resolutions have been submitted regarding the OSMA's dues structure, its accreditation function and the credentials verification form created by the OSMA's Group Practice Section. One resolution would create a solo practitioner/small group practice section within the OSMA House, similar to that established last year for group practices.

Resolutions will be discussed during resolution committee hearings on Saturday, then a full report from the committees, recommending actions on the proposals, will be presented to the House Sunday morning. All delegates will have an opportunity to vote on the resolutions on Sunday.

Other Annual Meeting activities include the installation of Su-Pa Kang, MD, as the 1997-98 OSMA president, a reception for members of the Ohio Medical Political Action Committee, the election of the OSMA's president-elect (Lance Talmage, MD, is currently running unopposed), and the presentation of team physician awards. This marks the first time the team awards have been presented during the Annual Meeting.

The June issue of *OHIO Medicine* will carry highlights of the meeting. ■

OSMA agency to offer medical savings accounts

■ *Physicians are now able to offer their employees a health-care coverage option with tax-savings potential.*

The OSMA Insurance Agency will offer a medical savings account (MSA) program, beginning this month, to eligible Ohio employers, including physicians. The program is available through Medical Mutual of Ohio (formerly Blue Cross and Blue Shield of Ohio). Both federal and state legislation establishing MSAs as a tax-deferred, health-care coverage option was passed last year.

Employers with 50 or fewer employees and no other health insurance coverage are eligible to offer MSAs to their workers. Like traditional insurance, MSAs are used to pay medical expenses, but their advantage is their tax-savings potential. MSA contributions are 100% deductible from gross income, and may be withdrawn tax-free when used for medical expenses. Interest earned on MSAs is either tax-deferred or tax-free if used to pay medical expenses.

The U.S. Congress, however, has limited the number of qualified MSAs that can be established. Only 750,000 participants may enroll in the pilot federal MSA program. Once that limit is reached, no new accounts may be opened, so if you're interested in establishing an MSA program, you should do so quickly.

The OSMA is in the process of preparing educational material on medical savings accounts for members. Also, watch future issues of *OHIO Medicine* for additional information on MSAs.

What You Can Do: For more information on the MSA program offered through the OSMA Insurance Agency, contact John Mayer at the OSMA at 1-(800) 766-6762, Ext. 234. ■

Abromowitz runs for AMA trustee board

Dr. Abromowitz

The OSMA and its delegation to the American Medical Association has unanimously nominated Herman I. Abromowitz, MD, as a candidate for the AMA's Board of Trustees. Dr. Abromowitz is a former president of the OSMA. ■

Photo by Jack Kustron

Leveling the Playing Field

Ed Loughery, MD, Cincinnati, testified in Columbus last month on behalf of the OSMA and in support of the Physician-Health Plan Partnership Act. The PHPPA, supported by the OSMA and Kaiser Permanente of Ohio, seeks to standardize the managed-care industry and level the playing field for doctors and their patients.

Jury service could be required

A new bill, introduced by Sen. Bruce Johnson (R-Westerville), proposes to eliminate all occupational and age service exemptions that have allowed physicians to skip jury duty for years. If the bill passes, physicians, attorneys, dentists, seniors over age 70, cloistered members of religious organizations and military reservists could be called to serve as future jurors.

The sponsor says all professionals ought to be eligible for jury service, not only to improve the mix of juries, but also to increase the size of potential jury pools. Loss of the exemption may prove to be a hardship for some professionals, Sen. Johnson acknowledges, but it shouldn't be any greater than that experienced by those now chosen for jury service. Jurors could still be excused for good reasons.

The bill (Senate Bill 69) also proposes to increase the per diem juror compensation to $40 (up from a maximum payment of $15), although counties would retain the right to set compensation and benefits. ■

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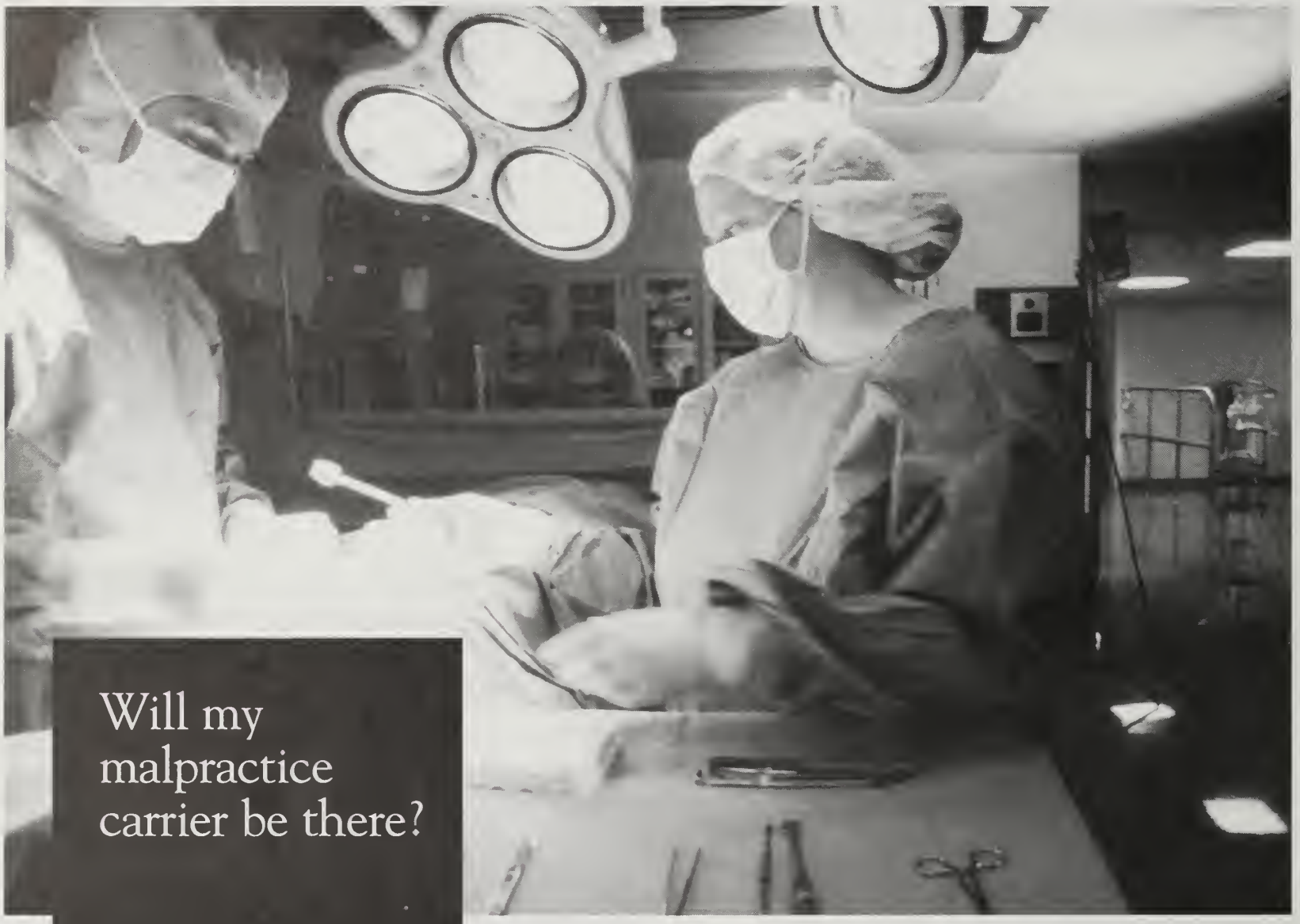

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End-of-life education project under way

Highlights of the OSMA Council meeting held March 12 in Columbus include:

New business.... Council approved a motion that the OSMA investigate educational programs dealing with end-of-life decision-making. The OSMA is working with the Association for Hospitals and Health Systems and the Ohio Hospice Organization to develop a physician and public education project. Council also requested to have OSMA policy indexed online in similar fashion to the AMA. The OSMA staff is investigating indexing packages.

Council Minutes

Executive director's report... The OSMA and the Ohio Corporation for Health Information (OCHI) are requesting funding from the Columbus Academy Foundation for a computer literacy project. Staff will investigate the possibility of educational programs on the BWC's Health Partnership Program.

Insurance report... The number of OSMA Insurance Agency policies has doubled since the agency was brought in-house. The agency is investigating offering medical savings accounts to members (see the related story on page 1).

Computerized voting... Council voted to approve using an electronic voting device during the Annual Meeting for floor votes and elections.

Legislative update... Tim Maglione, JD, director, Department of Legislation, reported on the OSMA Committee on State Legislation recommendations regarding OSMA positions on legislation pending in the Ohio House and Senate. Maglione expects the Ohio Legislature to pass the Managed-Care Uniform Licensure Act (MCULA) before it addresses the OSMA's new PHPPA. Council voted to change the OSMA position on the pain-control bill, from support with technical assistance (removing the mandatory CME contingent) to support of the concepts when the CME requirement is removed.

AMA activities... Council was given an update on the American Medical Accreditation Program (AMAP). Ron Fitzwater, executive director, Columbus Medical Association, told Council that the three major societies are investigating a partnership with AMAP.

What You Can Do: If you would like a copy of the full Council minutes please call the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and request Item #17. ■

Photo by Jack Kustron

One Size Doesn't Fit All

Wake Forest law professor Mark Hall tells Ohio legislators that physician-owned networks should not have to meet the same solvency requirements as other managed-care plans. Hall was in Columbus last month, testifying for the OSMA in opposition to the Managed-Care Uniform Licensure Act.

Correction

The telephone number of the Ohio Citizens Against Lawsuit Abuse was printed incorrectly in the April issue of *OHIO Medicine*. The number should read 1-(800) 418-2252. ■

Inside

■ **CME ON PAIN CONTROL** is a good idea, says the OSMA, but it shouldn't be mandated. Legislators have removed objectionable language from the pain-control bill while the association prepares educational material on the subject...**4**

■ **PHYSICIANS ARE UNIONIZING** in increasing numbers across the country, now that managed care has turned independent practitioners into employees...**6**

■ **VOLUNTEER PHYSICIANS** whose Ohio license has been active in the last two years may no longer have to submit background information to the State Medical Board...**8**

■ **A NONPHYSICIAN** has been named head of the Ohio Department of Health. Bill Ryan will replace Peter Somani, MD, who retired...**9**

■ **AMA CAMPAIGN SPENDING REFORM** will limit the amount candidates for AMA offices can spend on giveaways this year. Ohio has also limited its financial support of candidates' campaigns...**14**

Need More Information?

OHIO Medicine makes additional information and reports available to its readers. Call 1-(800) 766-6762, Ext. 228, and leave your name, address, phone number, the item number(s) you're requesting and the issue you're ordering from.

- Item #17 – Council minutes
- Item #18 – New health-care bills introduced
- Item #19 – OSMA legislative position on bills

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What's the OSMA done for you lately?

CME mandate removed from pain-control bill

When it was introduced, House Bill 187, the pain-control bill, contained a provision mandating two hours of continuing medical education on the treatment of patients with intractable pain.

While the OSMA remains committed to educating Ohio physicians on this topic, the association generally does not support CME mandates on disease-specific subjects. Physicians are better able to judge for themselves the subjects in which they need additional training, so the OSMA visited legislators on your behalf in an attempt to remove the CME mandate from the bill.

As the association explained to lawmakers, its Accreditation and Education Committee had already recommended that the OSMA develop an intractable pain CME course for the 65 accredited institutions and organizations through which the OSMA conducts CME activities.

In addition, the association has plans to develop an educational handbook to provide information on intractable pain. (Also, the OSMA will consult with the Ohio Association for Hospitals and Health Systems, the Ohio Hospice Organization and the Ohio State Medical Board, as well as prominent medical experts to develop a project on palliative care and end-of-life decisions.) The handbook will be printed and mailed to all Ohio physicians, whether or not they are members of the OSMA. To receive CME credits, physicians will simply complete the test in the handbook and return the completed test to the OSMA.

The association will compile the results of the test and provide a report to the Legislature within two years on the number of physicians who have successfully completed CME courses on intractable pain.

Upon learning of the association's efforts to educate Ohio doctors on this subject, legislators withdrew the provision mandating CME courses. As of press time, that provision was still omitted from the bill. Watch future issues of *OHIO Medicine* for information on the CME intractable pain course materials, prepared for you by the OSMA. ■

Resolution sets policy on CME mandates

The issue of mandatory topic-specific CME requirements for Ohio physicians will be raised at the OSMA Annual Meeting later this month in Columbus. Resolution 28-97, submitted by the Columbus Medical Association, recognizes that, although the OSMA works hard to delete topic-specific CME requirements from bills (as was accomplished recently with the pain-control bill), there is no current OSMA policy that addresses this subject. The Columbus Medical Association resolution would establish that policy.

For information on other OSMA resolutions, see the story on page 1.

Medical board weeds out unfit physicians

Ohio hands down the most severe punishments to doctors among states with more than 25,000 physicians, according to figures released by the Federation of State Medical Boards.

The State Medical Board of Ohio in 1996 restricted or revoked 4.75 physician licenses per 1,000 physicians. A medical board official called the ranking "a good place to be," noting that the board works hard to identify those physicians who are unfit for medical practice.

While Ohio ranked tops among medical boards that supervise large numbers of physicians, among all state medical boards, Ohio ranked eighth for responding to "serious disciplinary actions."

Mississippi came in first overall with 10.83 sanctions per 1,000 physicians.

The watchdog group Public Citizen ranks the states according to the number of violations compared to the total number of active and inactive physicians. Nationwide, last year there were 689,121 licensed physicians and 2,731 sanctions. ■

The Top 5 Disciplinarians

The following five states punished more physicians in 1996 for "serious disciplinary actions."

State	Licensees	Action Resulting in Loss of License	Action Resulting in Restricting of License	Serious Disciplinary Actions Per 1,000 Doctors
Ohio	33,923	90	71	4.75
New York	67,218	211	102	4.66
Florida	39,018	95	65	4.10
New Jersey	30,367	69	36	3.46
California	103,130	177	162	3.29

Source: The Columbus Dispatch; Federation of State Medical Boards; Public Citizen.

Could there be a union in your future?

■ *The competitive managed-care market is causing physicians nationwide to consider all their options.*

Tired of managed-care companies micromanaging their every move, physicians across the country are turning to unions to help fight their battles.

In December, 93 physicians in Tucson voted to join the American Federation of State, County and Municipal Employees after the HMO they founded, then sold, announced it would reduce clinic overhead by $2 million a month and cut 26 physicians. According to the federation, it was the first time physicians employed by a for-profit managed-care company had unionized in the United States.

A group of 2,000 physicians in New York also recently joined the Office and Professional Employees International Union (OPEIU), an organization that represents the interests of white-collar professionals and an affiliate of the AFL-CIO.

In Pennsylvania, meanwhile, the president of the Philadelphia County Medical Society recently held a regional meeting to discuss the possible unionization of 16,000 physicians in Pennsylvania and Delaware.

There are smaller pockets of dissension as well: Movements are afoot among neurosurgeons in Florida and more than 300 physicians in New Mexico and Oregon.

LONG-HELD POSITION CHANGING

While physicians traditionally have resisted efforts to unionize, the current managed-care climate and the restrictions it imposes is causing them to re-evaluate their position.

"In order to engage in traditional union activities such as collective bargaining, you have to be an employee," says Nancy Gillette, JD, OSMA legal counsel, "and, historically, physicians have been independent practitioners."

At present, there is no indication that Ohio physicians are moving toward a union, however, the Ohio Podiatric Medical Association (OPMA) is set to vote later this month on whether it will seek representation for its members from the OPEIU.

NATIONAL CLOUT OFFERED

"The rationale behind joining such an organization is that it's a guild, not a union. It's a guild that has been organized without traditional union functions," says Gary Fetgatter, executive director and CEO of the OPMA.

"The OPEIU isn't able to bargain collectively on our behalf, but it can offer national representation with legislation and Congress, and with the Health Care Financing Administration."

In other words, the OPEIU functions primarily as a lobbying group for its members in the same manner that the OSMA functions as a lobbying group for Ohio physicians.

OHIO Medicine will update you on the OPMA's decision with regard to its membership in the OPEIU in a future issue.

What You Can Do: If you have questions about the legal implications of joining or forming a union, contact Nancy Gillette, JD, OSMA legal counsel, at 1-(800) 766-6762, Ext. 128. ■

Nonmember solicitation gains new members

Association Roundup

More than 6,100 solicitation letters were mailed to non-OSMA members in the state during the past two months. To date, 32 physicians have responded to the OSMA solicitation with their payment of 1997 membership dues and a request for membership information. Gross dues revenue from the project totals $14,880. The OSMA utilized the State Medical Board of Ohio physician licensure list for the solicitation mailing. Personalized letters from OSMA President John F. Kroner, MD, were mailed with an attached dues-payment remittance tear-off sheet. All of the county medical societies supported the project, and all but one – the Academy of Medicine of Cleveland – elected to have the OSMA staff handle the execution in their county. The Cleveland academy mailed its letters in March.

Task force develops initial report... Task Force 2000, a broadly representative group of physicians charged with developing a strategic plan that addresses the structure and function of the OSMA and its component county medical societies, developed an initial report to be presented at the OSMA's Annual Meeting May 17. The task force defined the core purpose, or reason for being, of the OSMA: To provide physician advocacy – for the benefit of the health of the patient and community. According to task force members, the five- to 10-year goal of the OSMA will be to: Become the essential organization to every physician in their daily activities and a proactive facilitator for health-care issues. OSMA delegates and alternates will have an opportunity to express their views on the task force recommendations during the Annual Meeting.

Medical Student Section... Steve Stack was elected president of the OSMA-Medical Student Section. Stack is a medical student at the Ohio State University College of Medicine and a member of the OSMA Legislative Committee. As president, he will serve as OSMA-MSS Councilor to the OSMA Council, and serve as chair of the OSMA-MSS delegation to the AMA-MSS Annual and Interim meetings and the OSMA Annual Meeting. ■

Applications revised for volunteer physicians

The State Medical Board of Ohio has created a new application form for physicians who wish to volunteer at free clinics and whose Ohio license has been active within the past two years. The board's initial application was prepared for individuals who never had an Ohio license, which meant applicants were required to submit background information along with the form. The new application for this specific group of doctors requires little additional information.

State Medical Board

The board is in the process of developing a third application, which addresses physicians who wish to volunteer but whose licenses have lapsed two years or more. The board wants assurance that these physicians still practice good medicine, so it may require this group to pass the board exam for their license. At present, physicians who have allowed their Ohio licenses to lapse over a number of years, then return to practice, must pay the board all back renewal fees.

The OSMA's Division of Legal Affairs has available for volunteer physicians a patient consent form that may be used in clinics or in other situations in which physicians provide voluntary services. To order a copy of the consent form, check the appropriate box on the reader response card on the front cover of this issue.

OF NOTE...

"Legitimate prescription" defined... At the request of the board's Prescribing Committee, the Pharmacy Board stated its opinion on what is and is not a "legitimate prescription." The Pharmacy Board came up with a hypothetical situation involving individuals who enter a weight-loss program and are given prescriptions according to a format. A doctor sees these patients much later in the program. According to the Pharmacy Board, prescribing means completing a prescription after first determining a drug is appropriate, based on a history, a physical and a diagnostic plan for the patient. The Prescribing Committee says it will revisit the board's weight-loss rules, which have been in place since 1987.

Pharmacy board notes high methylphenidate use... The board's Pharmacy Committee provided information on methylphenidate use in Ohio, stating that Ohio is above the U.S. average of 168 grams per 10,000, placing it sixth in the country for consumption of the drug. The heaviest use of methylphenidate is for attention deficit disorder (ADD). Committee members noted that the board's publication *Your Report* addressed the diagnosis of ADD and the committee may suggest that the board attempt to standardize an ADD diagnosis in a position paper.

Pilot credentialing program creating delays... The board has received a number of complaints from physicians concerning the standardized credentialing verification service launched as a pilot program in Ohio and other states by the Federation of State Medical Boards. According to complaints, the Ohio licensure process now extends beyond the traditional 10-12 week processing time because of delays created by the pilot program. The board may consider discontinuing the program if significant improvements are not seen soon.

Committee amends telemedicine bill... The legislative committee has submitted draft amendments to the telemedicine bill, introduced in the House this session.

Position paper clarifies direct/indirect supervision... The board's Physician Assistant Committee is preparing a position paper on direct and indirect supervision of physician assistants (PAs). According to a draft, direct supervision is defined as the PA and physician working in the same room, on-site supervision is a PA and physician working in the same office, and off-site supervision is indirect supervision.

Physicians warned about altering medical records... According to the board's Education, Public Relations and Risk-Management Committee, several of the board's expert witnesses, as well as experts employed by malpractice insurance companies, have noted an increase in the number of physicians altering medical records. They have asked the board to remind physicians of the legal problems involved in making changes to medical records. ■

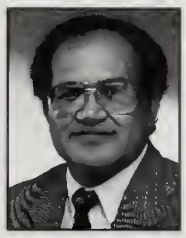
Ohio health department director steps down

Regulatory Watch

This is a report of recent activities between the OSMA and various state regulatory agencies. The State Medical Board's activities can be found in a separate report on page 8.

OHIO DEPARTMENT OF HEALTH

Nonphysician takes over ODH this month... For the first time in the state's history, a nonphysician will lead the Ohio Department of Health.



Dr. Somani ...leaves ODH

Bill Ryan, former director of Ohio's Medicaid program, will step into the position of ODH director May 1, replacing Peter Somani, MD, who is retiring. According to an interview published in the *Gongwer Report* shortly after the announcement, Dr. Somani says, "It's just the right time to do something different. I will still be involved in health-care policy issues, but at a different pace."

Dr. Somani has spent most of last year and this putting into place quality rules for services and facilities deregulated from the Certificate of Need process. The OSMA had opposed the department's proposed rules for cardiac catheterization services until a compromise was finally negotiated. (See the April *OHIO Medicine* for more information.)

As Ohio's Medicaid director, Ryan was responsible for providing comprehensive health-care coverage for 1.6 million Ohioans, with annual expenditures in excess of $6.4 billion. Ohio's Medicaid program is the fifth largest in the country. Ryan says he has no preset agenda for the department.

A state bill, passed in 1993, removed the requirement of a medical degree for the state director of health. Ryan is expected, however, to appoint a physician to serve as the department's medical director.

BUREAU OF WORKERS' COMPENSATION

Malpractice insurance exemption possible... Following up on its promise to work with physicians while implementing its Health Partnership Program (HPP), the bureau is considering exempting some physicians from its so-called $1 million/$3 million malpractice insurance requirement for HPP participants. The bureau currently requires physicians to carry $1 million per occurrence and $3 million per aggregate. Under a new proposal, however, physicians who agree not to bill certain CPT codes (namely, invasive procedures) could apply for an exemption that would lower their coverage to $1 million/$1 million.

OHIO DEPARTMENT OF HUMAN SERVICES

APN rules finalized... The Joint Committee on Agency Rule Review has approved department rules governing reimbursement for advance practice nurses (APNs) enrolled in the Ohio Medicaid program. The rules address which APNs are eligible to be Ohio Medicaid providers and when an APN is entitled to direct reimbursement from the program. The final rules clarify "free of professional control" and specify that APNs will practice in collaboration with physicians, language the OSMA supported last fall. ■

Emergency physicians

Federal legislation ends retro coverage denial

Emergency physicians are backing both federal and state legislation that would end insurers' retroactive denial of coverage for emergency care.

Specialty Concerns

Richard Nelson, MD, chair of the Health-Care Reform Legislative Task Force for the Ohio Chapter, American College of Emergency Physicians, says a "prudent layperson" standard for emergency coverage lies at the heart of both bills. This language requires insurers to pay for services provided to a person who comes to the emergency department as if a prudent layperson with similar symptoms would have felt were they experiencing an emergency.

What is occurring currently in emergency departments is this: A patient arrives with chest pains, believing he or she is experiencing a heart attack. After tests, however, the staff determines the patient is suffering from pleurisy or esophageal reflux. Because the situation is not considered an "emergency" by the patient's insurer or plan, no payment is made.

"Under that logic," Dr. Nelson says, "negative breast biopsies should be denied because there is no evidence of cancer."

Just as patients shouldn't be expected to diagnose themselves prior to their emergency visit, emergency physicians can't be expected to not see the patient when he or she arrives. Besides the emergency physician's own desire to treat those who come to the department, a federal law – the Emergency Medical Treatment and Active Labor Act – requires hospitals and physicians to screen and stabilize every patient who walks through an emergency department door. Plans, however, often want emergency physicians to obtain preauthorization before taking these steps.

The federal bill would give insurers 30 minutes to respond to an authorization request.

A provision in the federal bill would eliminate preauthorization for what is required by law, but the language goes even further. The provision establishes criteria that makes it easier for emergency physicians to treat patients in nonemergency situations. For example, a patient arrives with a bad sore throat. It's obvious death isn't imminent, but the condition needs to be treated at once to prevent it from becoming worse, so the emergency physician writes a prescription for penicillin. Under present guidelines, authorization is required for such a prescription. Insurers and plans are not staffed 24 hours, however, which means preauthorization can't be obtained certain hours of the day or night. The federal bill would give insurers 30 minutes to respond to an authorization request. If no response is received in that time, the treatment will be considered authorized.

Another provision in the federal bill defines when a person can access a nonplan hospital. To illustrate the need for this point, Dr. Nelson cites a case from Cleveland in which a patient presented in the emergency department with a gunshot wound to the chest. He was stabilized, then transferred to a trauma center for treatment. Because the trauma center was not included in the plan, the insurer refused to pay for the treatment. The federal bill attempts to correct that.

The Ohio Chapter/ACEP is working with the OSMA to include emergency provisions in the association's Physician-Health Plan Partnership Act. (Kaiser-Permanente has been an active supporter and co-sponsor of the federal bill in addition to the OSMA's Physician-Health Plan Partnership Act.)

Dr. Nelson says ACEP members at both the state and federal levels are devoting time and resources to ensure the passage of both bills this year.

"In my opinion," says Dr. Nelson, "in addition to drive-through deliveries and physician gag rules, this is one of the top three issues for organized medicine." ■

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President's Perspectives

My year-end thoughts

■ Even though I'm leaving office, I stand ready to assist the association in any way I can.

John F. Kroner, MD

How quickly my year as president has passed! I am proud of what we accomplished during this year and hope you've been pleased with my performance as well.

One example of the activities I have undertaken on your behalf this past year is the town meetings. Dr. Su-Pa Kang and I were pleased to bring the office of the president to the OSMA membership, providing you, the grassroots members, an opportunity to tell us, the leadership, what you like and do not like about the activities of the OSMA.

High on my presidential priority list was legislative activity. During my tenure, the OSMA was successful in efforts to pass a major tort-reform bill. We also supported the creation of medical savings accounts, and helped legislators eliminate drive-through deliveries. At present, I am very excited about the prospect of our Physician-Health Plan Partnership Act. This legislation seeks to standardize the managed-care industry.

A project initiated at the beginning of my presidential year was Task Force 2000. Under managed care, health care has made monumental moves. Organized medicine must do what it can to keep pace with the times. The focus of Task Force 2000 was to take a hard look at our association and recommend how to bring it into the 21st century as a vital and valued professional association. The report will be discussed at the Annual Meeting. We can then concentrate on the implementation of the task force recommendations.

I cannot finish my term as president without giving thanks to all the OSMA staff. I encourage all of you to thank them for the fine job they do on your behalf.

In closing, I want to wish Su-Pa Kang "good luck" and "good times" in the year ahead. I stand ready to assist Su-Pa and the OSMA in any way that I can to ensure that the OSMA continues as a vital and vibrant organization. After this month I may no longer be your president – but I have no intention of fading away. ■

Alliance Report

A most productive year

■ A year isn't very long for an organization, but our volunteers made it count.

Paula Parker

In this fifth and final report, I am pleased to briefly review a few accomplishments of the Alliance. A year is a short time in the life of an organization, but Ohio's Alliance volunteers made it count. More than 17,000 young children received our message "Hands are Not for Hitting," and we joined with medical societies in sponsoring workshops and programs addressing issues of violence in society. We substantially aided shelters for victims of domestic violence and supported community anti-violence efforts. Ohio's county alliances also tackled other public health issues to support the efforts of physicians in their counties and to show that medical families care. These range from conducting anti-smoking programs (Tar Wars) to supporting community food banks, to hospice and more.

Rep. Rose Vesper, of Ohio's 72nd District and an OSMA-A past president, underlined recently the importance of her years of Alliance legislative involvement while speaking at our OSMA Alliance Legislative Affairs Day. Members Dee Talmage (Toledo), Joy Myers (Circleville) and Myra Cochran (Concord Township), also shared their significant involvement in organizing campaigns and working with candidates. Being heard on legislation affecting health care has become increasingly important to the Alliance. Through the autumn, members contacted legislators in support of tort reform, educated ourselves about candidates and worked for candidates for election. This spring, we are laying the groundwork support of OSMA legislative programs in the coming year.

At the Annual Meeting in May, the Alliance will consider issues for the coming year and celebrate these accomplishments along with our significant AMA-ERF fund-raising efforts, longstanding community-based medical scholarship programs, Doctors' Day programs and cooperative efforts with the medical societies. We congratulate the OSMA on completing its 150th year and look forward to working enthusiastically together in the next year. ■

Managed-care handbooks priced half-off

For half the price – only $64 – OSMA members can purchase the *Navigating Change: Options in a Managed-Care Environment* series.

Navigating Change, an eight-book series, offers insightful and useable answers to questions about managed-care methods that confront practicing physicians every day.

To produce the books, the OSMA retained top legal and managed-care experts to assist in writing and reviewing these unique handbooks. The OSMA believes these books are the best tools available to navigate the changing health-care system and to manage the future of medicine.

Order now and you'll receive the 1997 edition of the *Consulting Services Directory* featuring a list of some of the country's most noteworthy consultants specializing in managed care. Plus, you'll receive a copy of the OSMA's *Special Report: Managed Care and You*, a detailed summary of research the OSMA commissioned regarding the growth of managed care in Ohio.

As a bonus, complete the continuing medical education materials enclosed in Books 2-8 by September 1997 and receive two hours of Category 2 CME credit.

To order, see the reader response card on the front cover of this issue of *OHIO Medicine*. ■

AMA puts limitations on campaign spending

■ *Candidates for AMA offices will have to limit the amount they spend on giveaways, beginning in June.*

Candidates running for an AMA office are limited to spending no more than $1 per delegate and alternate delegate for memorabilia and/or giveaways, including drawings for door prizes. In addition, stickers, pins and buttons are to be kept simple and low cost, not "gifts" in disguise.

Campaign costs have been a source of contention for years, as candidates compete for AMA offices, but at its 1996 Interim Meeting in Atlanta, the AMA House adopted new rules that address the situation. Those rules will be in effect when delegates meet for the AMA Annual Meeting June 22-26 in Chicago.

"Five delegates were appointed to a committee that was given the task of determining how to limit expenses for campaign costs," explains Neil Sutherland, AMA director of the House of Delegates. "The committee's recommendations were then forwarded to the Speaker of the House of Delegates for his approval." The special committee's new charge is to evaluate the nature and scope of social functions at the Annual and Interim meetings. The committee is to report back on this issue at the Annual Meeting in June.

OHIO PUTS LIMITS ON MONETARY SUPPORT

Many states, including Ohio, have limited the amount of monetary support provided candidates running for AMA office. After extensive discussions with and agreement by the chair of the OSMA delegation to the AMA, the OSMA Council decided that while it will continue to support and endorse Ohio candidates running for AMA office, it retains the right to approve the delegation's budget on any candidate it chooses to run. Any decision to run a candidate for AMA office must be approved by the OSMA Council prior to any announcement to the AMA.

Each Ohio candidate is expected to solicit additional financial support from other organizations and/or contribute to their campaign from personal resources.

Little value was found in the hosting of large receptions, parties, cocktail functions and gifts to AMA delegates, alternates and guests. In the future, the OSMA will not fund or support these campaign activities and will encourage the delegation to limit AMA campaign expenditures and activities. ■

OSMA Calendar

The Ohio State Medical Association, in association with the Comer Agency, has planned the following coding and reimbursement seminars for 1997.

CPT: A Comprehensive Study

In this full-day course experienced coders will study the techniques and conventions of procedural coding. Using actual case studies for a range of specialties, participants will complete exercises using their CPT manuals to build speed and accuracy in code selection to obtain correct reimbursement from third-party payors.

Participants will:
- examine the various sections in the CPT manual.
- explore the practical applications of modifiers.
- master global surgery applications.
- increase their understanding of starred procedures.
- review CPT code changes.

Exploring ICD-9-CM: A Voyage of Discovery

While participating in this full-day seminar, attendees will master the principles of diagnosis coding. Each will be able to quickly locate the right codes and enter those properly on HCFA-1500 claim forms.

Participants will:
- explore conventions used in ICD-9-CM.
- review the rules for reporting diagnoses.
- study the proper use of the tables.
- learn how and when to use V codes.
- discover the importance of E codes.

Instructor Wanda L. Adams, CPC, of Adams Physician Advisory, has presented successful workshops all over the United States, and has discovered that many physicians and other health-care providers are missing out on getting paid for services rendered because of insufficient knowledge or inattention to coding and managing their receivables.

Participants can register for either one or both of the seminars. Exact dates and locations will be listed in the June issue of *OHIO Medicine*. If you have any questions, contact Cathy Sonnhalter, OSMA Department of Meeting Management, at 1-(800) 766-6762, Ext. 144. ■

Physician-owned MCOs added to bill

Medical Notes

A bill introduced by Sen. Grace Drake (R-Solon) that seeks to regulate the transfers of nonprofit to for-profit entities has been amended recently to apply to physician-owned managed-care organizations. The bill has also been expanded to include HMOs.

Legislators became interested in the transfer of assets from nonprofit to for-profit entities when Blue Cross of Ohio's board of directors announced it was selling the not-for-profit company to Columbia Healthcare, a for-profit hospital chain. The Ohio Department of Insurance refused to authorize the sale, but legislators were eager to place a check-and-balance system on the future growth of for-profit health care in Ohio.

The Senate bill has redefined nonprofit health-care entities to include HMOs and "a new category of health insurance entities that could be enacted into law in the future." This refers to the Managed-Care Uniform Licensure Act (House Bill 265) that, if passed, would create health insuring corporations, including physician-owned companies that contract directly with employers.

A similar bill regulating the transfer of nonprofit to for-profit entities has been introduced in the Ohio House by Rep. Dale Van Vyven (R-Sharonville). OSMA Past President Walter Reiling, MD, testified in support of that bill, House Bill 242, in March.

Association allowed to strip Blue Cross trademarks... The Chicago-based Blue Cross and Blue Shield Association is within its rights to pull the Blue Cross name, license and trademarks from Blue Cross and Blue Shield of Ohio (since renamed Medical Mutual of Ohio), a federal appeals panel has ruled. The decision upholds a lower court's ruling that allowed the national association to terminate its contract with the Cleveland-based insurer. The request to terminate was based, in part, on Columbia/HCA Healthcare's bid to buy the insurer for $299.5 million, a deal that has since been nixed by the Ohio Department of Insurance. The national association has awarded the lucrative BCBS license to Anthem Blue Cross and Blue Shield in Cincinnati.

Insurance director resigns... Citing the approaching end of Gov. George Voinovich's second term in office, David Randall, deputy director of the Ohio Department of Insurance, has tendered his resignation, effective May 2. Randall says he will seek work in the private sector.

Psychiatric hospitals merge... Central Ohio Psychiatric Hospital and Dayton Mental Health Center have merged to form Twin Valley Psychiatric System. The two will be referred to as the Columbus and Dayton campuses. The move is expected to streamline operations.

Medicare pilot program adds three health systems...HCFA has chosen the three largest central Ohio health systems to participate in a pilot managed-care program for Medicare recipients. Mount Carmel Health System and a joint venture between U.S. Health Corp. and Ohio State University Medical Center are expected to begin marketing managed-care products for Medicare Choices in late spring. ■

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Duplicate tax forms creating extra paperwork

■ *Some insurance carriers are asking physicians to file a taxpayer ID form (W-9) everytime they file a claim.*

A form used by insurance carriers to report to the Internal Revenue Service the income it pays to physicians is being sent to physicians more than once – and in the process is creating a paperwork headache, not to mention confusion.

"We're seeing a rash of requests by carriers for physicians' offices to file what is known as the W-9 form," says Bill Fry, director of the OSMA's Ombudsman Services. "And while the request is legitimate, some carriers are sending the form everytime the physician files a claim."

The W-9 form is primarily used to identify a physician's taxpayer ID number, which insurance carriers need in order to file with the IRS. The form is generally filed by the physician the first time he or she files a claim with a carrier.

"You can expect to file the W-9 numerous times if you are a member of more than one network," Fry says. "But you need only file it once with each individual insurer. What we're hearing from physicians is that some carriers are sending the form, as a matter of routine, each time it corresponds with a physician."

If a physician believes they are being asked to refile the W-9 form, Fry suggests they first contact the carrier. A second request, he says, could mean that the carrier was unable to certify the number the physician gave the first time.

"You need to make certain that you're on file with the carrier," Fry says. "If the payor hasn't been able to certify a physician's taxpayer ID number, it is required by the IRS to withhold 31% of the physician's payment – it's called backup withholding."

Numerous requests, however, do not have to be fulfilled if the physician is certain the carrier has their correct taxpayer ID number on file. "If you know that the requests are duplicates," Fry says, "I'd suggest contacting the carrier and making them aware that they're creating a paperwork headache for you and your staff." ■

Deadline nears for Workers' Comp program

Physicians interested in participating in the 1998 OSMA's Workers' Compensation Group Rating Program have until June 30, 1997 to apply. This year, more than 3,800 OSMA members participating in the program will reduce their annual Workers' Compensation premium payments by as much as 50% – saving a total of more than $3.8 million.

To learn more about the plan, check the appropriate box on the response card on the front cover of this issue of *OHIO Medicine*, and an application will be sent to you. ■

Note: Although the Ohio BWC has converted to a managed-care delivery system, the group rating for BWC premiums will continue to be in effect.

State expands managed care to rural areas

Rural Practice

The Ohio Department of Human Services has announced its plan to expand managed care for welfare recipients to 13 new counties beginning January 1998. Those slated to become voluntary enrollment counties next year are: Carroll, Champaign, Clermont, Clinton, Columbiana, Delaware, Licking, Pike, Portage, Ross, Scioto, Tuscarawas and Warren. These counties are likely to remain voluntary for six months, then make the transition to mandatory status.

The department says it wants to link some of the rural counties to urban counties so that managed-care plans that bid for more populated areas such as Mahoning, for example, will also be required to take Carroll, Columbiana and Tuscarawas counties. Plans that bid for these links, however, will have to prove to the department that they can develop a provider panel in those areas, taking into account access, travel time and number of specialists.

Department officials acknowledge the HMO approach is unlikely to work in certain areas of the state, such as the southeast and some portions of the northwest, because of the shortage of providers. To compensate, the next biennial budget will include an option for the state to accept proposals from entities such as preferred provider organizations, physician-hospital organizations or other limited-risk plans that wish to provide care in these areas.

Telemedicine popular in rural hospitals... Nearly 30% or 353 rural hospitals now use telemedicine, with the majority of these uses in the area of teleradiology. Equipment costs have limited expansion in this area for most rural facilities. The findings are from the first comprehensive survey of rural telemedicine by the Health Resources and Services Administration. The report is available electronically from the administration's Web page, www.hrsa.dhhs.gov/news.htm. ■

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June 1997

OHIO Medicine

A Publication of the Ohio State Medical Association

Lance Talmage, MD, is the OSMA's new president-elect

Delegates retain unified membership – for now

■ *The OSMA House defeated an alternate membership structure proposed by the Fifth District.*

Lance Talmage, MD, was named the OSMA's new president-elect at this year's Annual Meeting, held mid-May in Columbus. The immediate past chair of the OSMA's Organized Medical Staff Section, Dr. Talmage ran unopposed for the position and was elected by acclamation.

In other business, delegates cast a vote for a unified membership structure, even if that unity is on a temporary basis.

A resolution submitted by the Fifth District delegation proposed that the OSMA and its component societies adopt an alternate membership model that would allow individual physicians to choose which medical organizations they want to join. The resolutions committee to which the proposal had been assigned attempted to blunt its force somewhat by proposing the OSMA prepare the constitution and bylaws changes necessary to implement such a membership model. The amended resolution called for next year's House to act on the proposed bylaws changes.

"This would give (the OSMA) a further year to discuss the issue," Fifth District Councilor Daniel van Heeckeren, MD, told the House during its Final Session.

Russell Hardy, MD, immediate past president of the Academy of Medicine of Cleveland, added that an alternate membership model would force societies to be responsive to its members.

However, J. Steven Polsley, MD, Second District Councilor, expressed concern with the resolution from two standpoints. First, he said, the OSMA's membership model, as well as its current structure, is one of those issues already under review by the Task Force 2000 (which was created by the 1996 House of Delegates). Dr. Polsley also pointed to the functions provided by the state association (such as lobbying and consideration of ethical issues), which benefit all Ohio physicians. "We have an obligation to pay for these," he said.

Nino Camardese, MD, Norwalk, echoed that message when he told delegates, "There are no rights without responsibility."

Photo by Jack Kustron

Su-Pa Kang, MD, a gastroenterologist from Toledo, accepts the OSMA presidency as members of his family look on at the Annual Meeting held last month in Columbus. Dr. Kang, who assumed the position from John F. Kroner, MD, becomes the association's first international medical graduate president.

A motion at midpoint in the debate to refer the matter to Council for a decision was defeated, as was, ultimately, the resolution itself.

What You Can Do: If you would like a copy of a report of actions taken on the 1997 resolutions, please check off the appropriate box on the reader response card, located on the front cover of this issue. *OHIO Medicine* will also make available the complete proceedings of the 1997 OSMA House of Delegates as soon as that report becomes available. ■

Holzer Clinic claims victory in class-action suit

■ *It's considered a win for all Ohio physicians who treat Medicaid patients.*

Holzer Clinic in Gallipolis won its class-action lawsuit with Southeastern Ohio Legal Services (SEOLS). The case had widespread implications for physician practices that try to limit service areas for Medicaid patients. A three-judge panel of the United States Court of Appeals for the Sixth District confirmed the original circuit court's dismissal.

"All physicians would have been gored by this sword had we not defended ourselves," says J. Craig Strafford, MD, president of Holzer Clinic. "We got beat up, but not killed. It was the system that was out of line here – Holzer just happened to be standing in the road when the truck came."

LAWSUIT HISTORY

The lawsuit alleged that the clinic had refused to treat three Medicaid patients in Vinton County when it had a responsibility, under the Equal Credit Opportunity Act (ECOA), to serve all Medicaid patients in Ohio. The clinic contended that its agreement with the Ohio Department of Human Services limits it to a five-county service area. That area did not include Vinton County.

SEOLS alleged that because the clinic accepts private paying patients from outside its service area, it must do the same for all Medicaid patients. The clinic countered that it hadn't violated the ECOA – a statute that addresses discrimination when extending credit – because Medicaid patients, by definition, cannot be debtors because the federal government pays for their medical services. Therefore, they do not have a credit relationship with their provider.

In Ohio, all Medicaid payments flow from the state directly to the medical provider; a provider is barred from requesting any payment for treatment provided under the program. Under Ohio law, Holzer Clinic could not grant patients requesting medical services under Medicaid the right to purchase those services and defer payment.

THE PRICE OF VICTORY

The victory did not come without a price. Holzer Clinic spent well over $100,000 and countless hours of physicians' and administrators' time in legal proceedings. "We stopped a process from getting out of hand. It's now illegal to bring these kinds of class-action suits," Dr. Strafford says.

Holzer's request that a harassment charge be filed against SEOLS for court costs and damages was denied.

Dr. Strafford thanked the OSMA, the AMA, the Medical Group Management Association and the American Group Practice Association for their legal support in filing an amicus brief on the clinic's behalf.

"We were innocent victims of this nuance of how the legal system works," says Dr. Strafford. "We rose to the occasion and defended ourselves and other physicians of Ohio." ■

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Team doctors honored at meeting

For the first time, recipients of the Ohio Outstanding Team Physician Award (presented by the Joint Advisory Committee on Sports Medicine) received their awards at the Opening Session of the OSMA House of Delegates May 16. This year's honorees are James R. Carr, MD, Hamilton High School, Hamilton, and Steven Spreen, MD, of Mariemont High School, Cincinnati.

LABOR OF LOVE

Dr. Carr

Being a team physician for 23 years has been a "labor of love" for Dr. Carr. "The opportunity to help young people in their time of need has been my major personal reward," he says.

Dr. Carr says he tries to keep the athlete's best interests at heart. He not only wants injured athletes to heal quickly and completely, but he wants them to excel as people, too.

During the 1995-96 school year, Dr. Carr launched a community committee, personally contacting 51 community leaders to serve as mentors for students participating in extracurricular activities. He also organized and implemented 11 events to honor past Hamilton High School championship teams and coaches of basketball and football. In addition, he established an athletic foundation that benefits various athletic programs.

The Hamilton native graduated from the University of Cincinnati Medical School and interned at Cincinnati General Hospital. He completed his urology residency at Indiana University Medical Center.

A FAMILY AFFAIR

Words like caring, energetic, enthusiastic, dependable and professional describe Dr. Spreen.

Dr. Spreen

For more than 20 years, he has given his time and talents freely to the young men and women of Mariemont High School. "What I have done has been a family affair," says Dr. Spreen. "My wife has supported the time I have given. Our three children were a part of the sidelines scene when they were quite young, first as waterboys and watergirl, then ball boys and ball girl. And in high school, we had a player, an athletic trainer and a cheerleader over the years."

In addition to his commitment to athletes, Dr. Spreen has served the school community by organizing successful school levy campaigns. This year he persuaded a group of district residents to fund a $70,000 football/soccer scoreboard for Kusel Stadium at Mariemont High School.

Dr. Spreen, a native Cincinnatian, received his medical degree from the University of Cincinnati. He interned at Virginia Mason Hospital, Seattle, and served his residency at the University of Cincinnati Medical Center in general surgery and urology.

Previously, the Outstanding Team Physician Awards have been presented during the Ohio High School Football Coaches Association Hall of Fame Banquet. ■

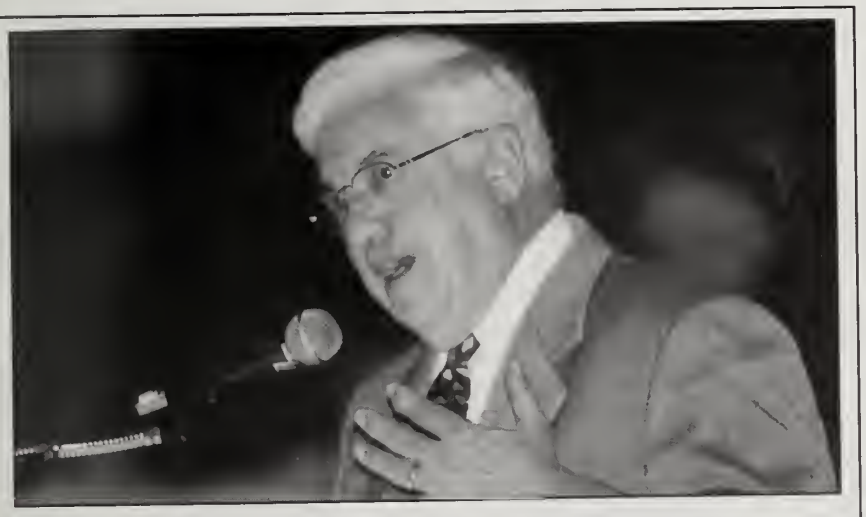

Photo by Jack Kustron

Distinguished Service Citation

Theodore J. Castele, MD, Fairview Park, received a standing ovation from members of the 1997 OSMA House of Delegates after receiving the Distinguished Service Citation for his outstanding leadership, especially his contributions as longtime chair of the Ohio delegation to the AMA.

Inside

■ **THE DYING PATIENT** is not unlike a newborn – both involve growth, says Ira Byock, MD, author of "Dying Well"...**7**

■ **COMPUTERIZED RECORDS** will save you time and money, says a Cincinnati doctor who has embraced the technology for more than a decade...**8**

■ **YOUR ANSWERING SERVICE** could put your HMO contract in jeopardy. Here are some points to consider...**10**

■ **MEET PRESIDENT SU-PA KANG, MD,** the first international medical graduate to serve in the OSMA's highest office, and learn his agenda for the coming year...**13**

■ **SAVING MONEY IS EASY** with the OSMA's Workers' Compensation Group Rating Program. The deadline to apply is June 30...**19**

Need More Information?

OHIO Medicine makes additional information and reports available to its readers. Call 1-(800) 766-6762, Ext. 228, and leave your name, address, phone number, the item number(s) you're requesting and the issue you're ordering from.

- Item #20 – Hospice care/physician reimbursement
- Item #21 – Medical web sites

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HIV/HBV rule limited to invasive procedures

The State Medical Board of Ohio is revising rules that require physicians to report HIV-/HBV-positive doctors who do not self-report their infections.

State Medical Board

Presently, all HIV-positive physicians must report their health status to the state department of health. If a licensee knows a colleague has not self-reported, he or she is obliged to report that physician. However, the revised rule limits colleagues to reporting only those HIV-positive physicians who are involved in invasive procedures, such as surgery. The OSMA is still trying to clarify whether or not a physician would have to report HIV/HBV status if it was learned in the context of a physician-patient relationship.

So far, the medical board has monitored relatively few of these physicians. Most professional associations, including the American College of Surgeons and the Ohio Society of Infectious Diseases, question whether or not there is a need for any reporting rule. Transmission of HIV to a patient from a physician practicing in a medical setting has not been proven, they say, and if universal precautions are followed in the health-care setting, then the risk of transmission is negligible.

OF NOTE...

Reuse of single-use items... Members of the board's ad hoc committee on infection transmission are studying the issue of whether or not single-use items can be sterilized and reused for patients. Presently, the board's universal precaution rules prohibit reuse of medical devices that are labeled "single use" if they become contaminated with blood or body fluids. The Food and Drug Administration, however, has apparently started to authorize reuse since cost has become a factor in disposing of these items after only one time. For example, IV catheters cost $1,500 each, and are disposed of after one use. Similarly, instruments used in laparoscopic work are also disposed of after one use, although their cost is $280. The committee will continue to examine whether or not it should alter its current policy on reuse of single-use items.

"Supervision of counseling services" rule under review... The board's Medical Practice Act and Rules Revision Committee is still working on a recommendation regarding the board rule that addresses supervision of counseling services. The board is attempting to determine the quality of care involved when a psychiatrist, often because of insurance requirements, is forced to sign off on a number of services without personal involvement. The Ohio Psychiatric Association says it is not uncommon or substandard for a single psychiatrist to be involved in a consultative/supervisory relationship with several nonphysician counselors treating several hundred patients, frequently in a community mental health setting. The board may ultimately be looking at a supervision model for psychiatrists engaged in these services.

Revisiting AG opinion regarding anesthesia... Board members have asked the state attorney general's (AG) office to revisit a 1971 AG opinion that states, under the Medical Practice Act, dentists can perform any anesthesia procedure an anesthesiologist can do. Board members believe the review has become relevant in view of the new rules regulating advanced practice nurses. These rules state that certified registered nurse-anesthetists are permitted to be supervised by dentists only for procedures for which dentists are permitted to use anesthesia. The 1971 opinion, however, broadens that scope. The AG's office has been notified of the board's request.

DEA exam still in development... The medical board continues to work on the Drug Enforcement Agency's physician's manual examination. So far, four tests have been developed and will be used on a rotating basis. Three of the tests are multiple choice; one test is an essay. A minimum passing score of 80% is likely to be required. Those who take and fail the examination twice may be required to do additional course work before retaking the exam. Medical board staff will grade the multiple-choice tests. The essay test is likely to be graded, initially, by a physician board member.

Committees appointed... The board's executive committee has appointed two new committees: a managed-care committee, chaired by Charles D. Stienecker, MD; and a pain-management committee, chaired by Thomas E. Gretter, MD. ■

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Bill honors organ donor's wishes over family's

Legislative Roundup

Should the state have the right to stop families who override an organ donor's wishes when a donation appears imminent? Rep. William Schuck (R-Columbus) has introduced the first legislation in the country that allows transplant teams to follow the wishes of the donor over the objections of family members. Transplant professionals, however, say the bill may prove more harmful to the organ procurement system, which depends on public goodwill to provide organs. The association supports this bill.

Anesthesia legislation... House Bill 392, sponsored by Rep. Lynn Olman (R-Maumee), sets specific guidelines about the use of anesthesia. It requires that certified registered nurse-anesthetists be supervised by anesthesiologists and limits dentists to administering anesthesia only within their dentistry practice and podiatrists to using anesthesia only for conscious sedation. The OSMA has this bill under advisement.

Domestic violence coverage... Insurers will be prohibited from canceling or refusing to issue or renew a life or health insurance policy because the applicant or enrollee is a victim of domestic violence if Senate Bill 70 passes the Legislature. The bill is sponsored by Sen. Nancy Chiles Dix (R-Hebron). The bill, at press time, had passed the Senate and is under consideration in the House. The OSMA actively supports the bill.

Marijuana loophole officially closed... The law that eliminates the "medical purposes" affirmative defense to the offense of marijuana possession becomes effective June 20, 1997.

OSMA members testify... Two members of the OSMA testified on two separate health-care bills recently on behalf of the association. Anne Taylor, MD, a Columbus surgeon, testified in support of Senate Bill 47, requiring insurers to provide coverage for breast reconstructive surgery, incidental to a mastectomy. James Sudimack, MD, a Warren emergency physician, testified as a proponent of House Bill 354, which provides a framework for developing consistent DNR policies, especially in long-term care facilities. The OSMA supports both bills.

Electronic signature use... House Bill 243 establishes standards for using electronic signatures and computer-generated signature codes in records of health-care facilities. The legislation was introduced by Rep. Dale Van Vyven (R-Sharonville) in response to requests from health-care providers. The bill will apply only in the health-care arena.

Legislators consider antifraud program... House Bill 248 requires insurers to adopt an antifraud program that includes written procedures for pursuing insurance fraud. The bill is sponsored by Rep. Marilyn Reid (R-Beavercreek).

What You Can Do: If you would like more information on any of these bills you can order a copy of "Health-Care Legislation, 122nd General Assembly," prepared by the OSMA Department of Legislation. Check off the appropriate box on the reader response card on the front cover and return it to the OSMA. If you have specific questions, call the OSMA Legislation Department at 1-(800) 766-6762. ■

Better care needed for the dying, doctor says

Editor's Note: In anticipation of the OSMA's end-of-life educational effort (see the April issue), OHIO Medicine recently discussed the subject of death and dying with Ira Byock, MD, president, American Academy of Hospice and Palliative Medicine. Dr. Byock is the author of "Dying Well: The prospect for growth at the end of life." His recent visit to Columbus was sponsored by the Ohio Hospice Association.

"Dying is a part of the human condition that is not largely recognized by our society," says Ira Byock, MD. "Yet I have had patients speak in superlatives about this time of their life. They told me they were living through a time that was important to them."

PHYSICIANS OFTEN UNPREPARED

Physicians often feel unprepared to assist in a patient's dying, believing they and medical care have nothing to offer. But caring for a dying patient is not unlike newborn care, says Dr. Byock. First, you identify the patient's problem, seek to prevent any foreseeable problem, then you protect and promote the opportunity for the patient, along with the family, to grow.

For the dying patient, that may include completing relationships left unfinished. "This type of care is best done as a multidisciplinary, multidimensional approach," says Dr. Byock, but there may be times when the physician is needed to participate in a variety of roles through this process, including that of counselor.

If your patient is dying, Dr. Byock suggests you initiate the end-of-life discussion with him or her. "Ask them what they know about their illness, then find out what information they want to know. Ask them if they have any questions for you."

IS DIGNITY POSSIBLE?

Patients, as well as society, often see the dying process as an embarrassing time of life. Physicians can do much to model the belief there is dignity in death, and that it's necessary for people to live fully through this time of life.

An outspoken opponent of physician-assisted suicide, Dr. Byock believes this country is approaching a serious crisis in terms of the way people die, frequently in pain and without appropriate "dare I say loving?" care, Dr. Byock says. "People are angry. They want the illusion they have control over their lives." Physician-assisted suicide, he continues, represents a quick fix to the crisis, when what is needed is better care for the dying. "The tragedy is that the crisis is solvable."

Physicians can make a start. Be present in the process of a patient's death, he says. "At this stage of life, time is measured in depth, not length. A brief home visit or a five-minute phone call will greatly improve the dying patient's quality of life." Listen actively to the patient. And remain involved.

"Let patients know that, no matter what happens at this stage of life, you are there with them, you will help them cope through whatever they need to deal with," Dr. Byock says. "By attending to their physical needs, you can assist their spiritual needs. You give them the strength and the energy they need to complete this final stage of life."

What You Can Do: To learn more about how hospice care can help the terminally ill patient and for information about physician reimbursement, send for the report prepared by the Ohio Hospice Association. To order a copy, call the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #20.

Don't wait for perfect system to computerize

You won't find any paper patient charts in the office of Steven Dumbauld, MD, a Cincinnati nephrologist. His office and its eight clinics have been fully computerized for the past 13 years. "Being computerized has saved us a tremendous amount of time spent on chart retrieval, filing and correspondence to referring physicians," he says.

Dr. Dumbauld refers to his computerized system as a work in progress. "Many physicians are hesitant to computerize because they are waiting for the perfect system. Forget it, there's no such thing," Dr. Dumbauld says. "An office needs to be flexible. Systems change constantly and new information needs to be added or updated. You need someone in your office who really wants the computerized office system to work." Out of the 10 nephrologists in his group, about half feel comfortable enough with the computer to input their own data; the others rely on transcribers in their office.

SECURING CONFIDENTIALITY

When it comes to patient confidentiality, Dr. Dumbauld has no qualms about electronic records. "We use ID codes and passwords, and we don't give out our modem line number to outsiders. We use a hub router that connects directly to our clinics, and our wide area network is secure." He adds that none of the patient information is put on the Internet.

"It took about a year of prep work before the Opus III system was fully operational," says Dr. Dumbauld. Now, hospital discharge summaries and laboratory data are downloaded daily, and scheduling for all eight clinics is done electronically, as well as completing billing and insurance forms. "It's a very rapid way to input data. In the 15 minutes I visit with one patient, my medical assistant has already entered the information from my previous patient." The previous evening, a summary – customized to patients coming in the following day – is prepared. Data is either entered on screen or on the summary where information can be entered by dictation or handwritten notes.

Consults with colleagues can be faxed directly from the computer. "Data from the system can be retrieved from your home, the hospital or another office. It makes for better patient care," Dr. Dumbauld says. "A patient who calls me at home is impressed that I can call up his chart and know his medical history, test results and medications even though I may not be his primary care physician."

ELIMINATING THE BUGS

Electronic systems, however, are not flawless. There have been a few times when Dr. Dumbauld's system has gone down for a few hours, but rarely for an entire day. When this does occur, everything shuts down. As a precaution, daily backups and weekly off-site backups are routine.

Dr. Dumbauld feels the plusses far outweigh any inconveniences. "A few years ago HCFA came down with a ruling that dialysis was no longer a physician procedure, but rather a hospital procedure, and physicians could not bill for it," says Dr. Dumbauld. "We tracked, via computer, during that time the number of dialysis procedures we did. HCFA later reversed its ruling and said it would reimburse us if we could document our numbers.

"For 99% of nephrologists in the country, it was impossible to obtain this information without weeks of research," Dr. Dumbauld continues. "We were able to do it in two hours. As a result, we were paid in full. That incident alone paid for the system."

With regard to patient care, Dr. Dumbauld says that when information became available that adding fish oil to the diet could help patients suffering from a particular kidney disease, his office staff used the computer to track those particular patients who would benefit from the information. Personalized letters were written from each nephrologist and sent to the patient informing them of this new breakthrough – all in one day.

PAPER PREFERENCE

Overall, most Ohio physicians still rely on paper charts, which is in line with a *Hospitals & Health Networks* survey that showed only 22% of 484 physician group practices surveyed nationally use computerized patient records.

Some of the reasons for keeping paper charts include: prohibitive cost; inability to find reliable, appropriate technology; and security and confidentiality concerns.

Those using computerized records reported their systems allowed them to provide safe and efficient care without the use of paper charts. However, 85% of computerized offices added that they do use paper charts during patient office visits, and 70% referred to paper charts for prescription refills, test results and when a patient's condition worsened.

Those who would like to discuss the possibilities of computerized patient charts with Dr. Dumbauld can contact him at (513) 861-0800. ■

Customers billed for online services never ordered

Several Dayton businesses using Internet services have reported they are being billed for online services they never ordered, says the Better Business Bureau (BBB).

The invoices are coming from a Detroit post office box for a company called Dynamic Network Services. The letter states, "Thank you for your authorization to be placed on the Dynamic Internet pages and to develop a custom web page for your business. The cost: $19.28."

The BBB warns businesses not to pay any bills without carefully reviewing them. "Make sure it's (the invoice) something you ordered," says a spokesperson. ■

Web site addresses worth noting

Here is a partial list of Web site addresses you may want to clip and save. For a complete list call the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228, and request Item #21.

Ohio Department of Insurance: http://www.state.oh.us/ins

Agency for Health-Care Policy and Research: http://text.nlm.nih.gov

CancerNet: gopher://gopher.nih.gov:70/11/clin/cancernet

Centers for Disease Control: http://www.cdc.gov/cdc.html

Department of Health and Human Services: http://www.os.dhhs.gov

Health-Care Financing Administration: http://www.hcfa.gov

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Practice Tips

■ CLIA fact sheets available by fax

CLIA has published single-topic fact sheets that condense information from a variety of sources, such as the *Federal Register* and laboratory manuals, into user-friendly one- and two-page formats. Forty-one fact sheets cover topics such as quality assurance, quality control, OSHA and proficiency testing. The fact sheets are available by calling the Commission on Office Laboratory Accreditation's Customer Service Center at 1-(800) 298-8044.

■ Q&A: Recent changes in health-care law

The U.S. Department of Labor offers a guide to recent health-care legislation that affects an estimated 25 million Americans who change jobs, are self-employed or have a pre-existing medical condition. Included are explanations of the effects of the Health Insurance Portability and Accountability Act of 1996; the Newborns' and Mothers' Health Protection Act of 1996; and the Mental Health and Parity Act of 1996. To order your free booklet, call (312) 353-6976 or (606) 578-4680.

■ COLA hotline answers questions

The Commission on Office Laboratory Accreditation has launched its Information Resource Center featuring a toll-free telephone number. Information on accreditation programs for medical laboratories, achievement programs for waived/PPM laboratories, medical record review and credentialing may be obtained by calling 1-(800) 981-9883. Technical inquiries and customer support are still handled by COLA's Customer Service Center, 1-(800) 298-8044.

Answering service could violate HMO contract

Managed-care plans – now more than ever – are carefully monitoring doctors' practices.

Could your answering service be jeopardizing your relationship with a managed-care company? Believe it or not, one false move by your service could put your contract in jeopardy.

One Ohio physician recently learned the hard way just how important it is to have a contract that spells out exactly what is expected of a vendor that may have contact with a third-party payor.

"In the case of this physician, an HMO he contracts with called his office but never received an answer, so the HMO issued the physician a warning," says Kate Hunter, a legal assistant in the OSMA's Division of Legal Affairs. "Apparently, the physician's answering service didn't answer the phone in 10 rings or less, which is what the managed-care plan requires of its network providers."

The physician assumed he could take legal recourse against the answering service, Hunter says, "But in this case the physician didn't have a contract with the service – there was nothing on paper outlining the expectations the physician had for the answering service regarding the services to be provided."

The case points to the fact that managed-care plans – now more than ever – are carefully monitoring physicians' practices.

"Managed-care plans may be checking up on you, so you need to find out exactly what they expect of your practice," Hunter says.

For instance, if a contract requires "24-hour availability," ask the plan to specify what that means. Is an answering machine message giving patient instructions adequate, or does it require you to use an answering service?

Whatever the expectations of your managed-care plan, Hunter says, "You need to communicate those terms to anyone that may come in contact with the HMO, such as your staff, and spell out those terms in any contract you sign with outside vendors, including answering services." ■

OMERF awards scholarships

The Ohio State Medical Association's Medical Education and Research Foundation (OMERF) awarded seven Leadership Award Scholarships (totaling $14,000) to one student at each of Ohio's medical universities.

The recipients were: Bret Scher, Ohio State University College of Medicine; Vanjah Eric Norman, Medical College of Ohio; Robert Brandon Watterson, University of Cincinnati College of Medicine; Susanna H. Eichler, Northeastern Ohio Universities College of Medicine; Leah Wolfe, Case Western Reserve University; Steven F. Brezny, Wright State University School of Medicine; and Michael D. Lappi, Ohio University College of Medicine.

Scholarships were awarded on the basis of nonclinical leadership skills and activities as well as the student's interest and understanding of organized medicine. Third- and fourth-year medical students enrolled in an approved medical school program in Ohio through 1998 were eligible for the scholarship. ■

Malpractice insurance exemption available

Regulatory Watch

Physicians who would like to participate in the Bureau of Workers' Compensation's Health Partnership Program but who do not meet the individual professional malpractice guidelines of $1 million per occurrence and $3 million per aggregate may now apply for an exemption that lowers the requirement to $1 million/$1 million. A provider must sign and have notarized a release in which they agree not to bill the BWC, a qualified health plan or a managed-care organization for any procedure that falls within CPT code ranges 00100-01999 (anesthesia), 10000-69999 (surgery), 93501-93790 (cardiac catheterization), 92950-92996 (cardiovascular), 96400-96549 (chemotherapy) or 99100-99195 (anesthesia modifiers and other services). To request a release form, contact the BWC at 1-(800) 477-2292.

Health Partnership Program analyzed... The OSMA is working with a number of interested parties, including physicians and managed-care organizations, toward standardizing some of the bureau's reporting requirements for its new Health Partnership Program (HPP). If you'd like to relate an experience you have had with the bureau, or you have suggestions on how to simplify HPP procedures, contact the OSMA's Nancy Gillette at 1-(800) 766-6762, Ext. 128, fax (614) 486-3130 or e-mail legal@osma.org.

OHIO DEPARTMENT OF HEALTH

X-ray registration fees proposed... The Ohio Department of Health will update its biennial X-ray inspection fees as follows:

# of Tubes	Fee
1-3	$140
4-10	$300
>10	$500

The fees are currently in the state budget, which is expected to be passed later this month.

Farm injuries to be studied... The Ohio Department of Health is conducting a three-year study of agriculture-related injuries and illnesses in Ohio. The goal of Community Partners for Healthy Farming is to prevent the most frequent causes of farm injury in Ohio, including falls, machinery-related accidents and animal-related accidents. The study is an expansion of a former project that focused on farm-related accidents and illnesses in 15 counties.

OHIO DEPARTMENT OF HUMAN SERVICES

Medicaid mental health carve-out begins... The Ohio Behavioral Health Services Partnership (OBHSP) has been selected by the state to administer Medicaid mental health and alcohol and drug addiction services beginning July 1. The plan is being implemented to bring all mental health and drug and alcohol services together under one program. At press time, however, a competitor of OBHSP, Value Behavioral Health, a managed-care medical company in Virginia, filed a civil lawsuit claiming the state chose Ohio Behavioral after being heavily lobbied and receiving huge campaign contributions. The state maintains Ohio Behavioral was chosen strictly on its merits. A judge has issued a temporary restraining order prohibiting the state from closing the deal.

OHIO Medicine will keep you posted. ■

When Medicare is the secondary payor

■ *If liability insurance is involved, certain restrictions apply when billing for services rendered.*

Physicians who provide services to Medicare patients should know that certain rules apply when reimbursement will be covered by liability insurance (i.e., in accident/injury cases).

If a physician treats a patient and determines that a third party will be responsible for payment:

- The physician must bill *only* the liability insurer within 120 days, unless there is evidence the insurer won't pay.
- If the liability insurance claim hasn't been resolved within the 120-day period, the physician may bill Medicare for conditional payment, but he or she must withdraw any claims against the liability insurer in writing.
- If the physician chooses not to bill Medicare during the Medicare timely filing period (15 to 27 months, depending upon the date of service), he or she may not bill Medicare after this period, even if the liability insurer refuses to pay.

Regarding payment, physicians are also reminded of the following:

- Once physicians bill Medicare, they may not accept any payment from a liability insurer settlement. Once physicians bill Medicare after the 120-day period, they are considered to have released the lien on the settlement payment.
- If the physician billed Medicare without knowing that a liability situation was involved, the physician may return Medicare's money and pursue a claim against the liability insurer's settlement, provided the physician sends documentation of the situation to Medicare.

"Basically, these rules were written to protect Medicare funds when another insurer is legally responsible for reimbursing health-care services," says Bill Fry, OSMA Ombudsman. "The best way that physicians can avoid violating Medicare rules is to ask any Medicare patient that presents with a personal injury, as soon as appropriate after treatment, if another insurance policy is accepting responsibility for services rendered."

What You Can Do: If you have questions about procedures to follow when Medicare is the secondary payor, contact Medicare at (614) 249-6111. ■

Urgent news about CME

Last month *OHIO Medicine* offered the managed-care handbook series, *Navigating Change: Options in a Managed-Care Environment*, at a discounted rate. While continuing medical education credit is available by completing the materials in the handbooks, physicians who have already received CME credit for *Navigating Change* are not eligible to receive CME credit again. ■

Facing the tiger together

■ Two causes worth medicine's own trip to the tiger's den are patient protection and professional unity.

During the 36 years the Korean people endured an oppressive rule by Japan, my father was active in the underground independence movement, fighting for the political freedom of his people. We believed the cause was worth the sacrifice, and there is no doubt that my personal view of that long, hard struggle forged my philosophy of life, as well as my agenda as your president.

I believe the guiding principle of our organization's political agenda should be:

1. Patient protection
2. Professional unity
3. The ability to form political coalitions

Let's begin by putting our own house of medicine in order regarding professional unity. Only when we're at full strength will we have the necessary political force to speak with a unified voice. I feel strongly about membership, and I hope you do, too. I challenge each of you to bring in one new member this coming year. For myself, I pledge to bring in 12 new members, one for each month of my year in office. I'll keep you posted on my progress in this column.

As our membership grows, our political clout grows. That clout is strengthened by political coalitions. We can build broad-based support for important health-care issues by finding common ground with other politically active groups. This process begins with community involvement. Your presence makes a difference, whether it's participating on school or civic boards, coaching Little League, speaking in our schools, or spending time with our elderly. Use these opportunities to educate the public to our point of view, and learn their concerns.

Su-Pa Kang, MD

That brings us to patient protection. Patients need our protection because abuses can follow the political and rhetorical devaluation of people, as is happening in today's managed-care environment. The OSMA is involved in two major managed-care issues at the Statehouse. The first is the OSMA-supported Physician-Health Plan Partnership Act, which aims to protect the physician-patient relationship for Ohioans. The second is our effort to ensure that physician-based plans can contract directly with employers. We stepped in to level the playing field when the Department of Insurance wanted to place such networks on equal footing with HMOs. Of course, these aren't our only legislative concerns. Nurses are seeking to expand their practice scopes again, and now the pharmacists want to diagnose and prescribe.

The OSMA has a very full plate this year, and the leadership needs your help. My father used to say "If you want to catch the tiger, you have to go into the tiger's den." Our tigers are those who devalue what we do on behalf of our patients. So let's take that first step, professional unity. The tiger may be fierce, but it will have met its match if we all face the tiger together. ■

Facts About Your New President

Name: Su-Pa Kang, MD

Specialty: Gastroenterology

Hometown: Toledo

Medical Degree: Chonnam National University School of Medicine in Kwangju City, South Korea.

Internship/Residency: Internship at St. Vincent Medical Center in Toledo and a residency in internal medicine at D.C. General Hospital, Washington, D.C., and the Medical College of Ohio.

Fellowship: Gastroenterology at the Cleveland Clinic.

Medical Practice: Private practice in Toledo

Organized Medicine Activities: OSMA president-elect, 1996-1997; OSMA secretary-treasurer; OSMA Councilor from the Fourth District; chair of the Committee on Auditing and Appropriations; past president of the Academy of Medicine of Toledo and Lucas County; OMPAC Board of Directors; alternate delegate to the AMA in 1992 and 1994; vice chair of the AMA Advisory Committee on International Medical Graduates.

Community Activities: Past president of the Korean Association of Greater Toledo; active with the Toledo Symphony Orchestra Association, the Committee of One-Hundred, City of Toledo, and the International Institute of Toledo.

Family: Wife, Frances; father of two daughters, Kathleen and Therese, and one son, Matthew.

Study will look at BWC's medical examiners

A bill reforming the state's Workers' Compensation system has been signed into law with some last-minute amendments that may be of interest to Ohio physicians. The amendments call for several studies that will examine:

- The "quality, thoroughness and adequacy" of medical examinations conducted by those Workers' Comp examining physicians who determine an injured worker's percentage of permanent partial impairment. An evaluation of fees charged will be part of the study. A report is due to the Legislature by July 1998.
- The incidence of occupational diseases in the health-care professions and whether or not current law is adequate in addressing those diseases. That report is also due next July.
- Vocational rehabilitation as it relates to assisting injured workers return to work, including a review of the relationship between the BWC, the Ohio Industrial Commission, certified managed-care organizations, self-insuring employers and other state agencies who assist injured workers. The report is due in a year.

An amendment sought by the attorney general's office regarding fraud was also included in the bill's final version. The language relates to the alteration, creating and forging of documents.

What You Can Do: If you have any questions about the new law or how it may affect you as a Workers' Comp examining physician, contact the OSMA Department of Legislation at 1-(800) 766-6762 for more information. ■

State to soften effects of insurance availability bill

The Kassebaum-Kennedy bill, enacted by Congress last year, made some far-reaching changes with regard to the availability and portability of health insurance. Included as part of the bill are "guaranteed issue" provisions, forcing insurers to accept all applicants in certain circumstances, regardless of their health condition.

States have the ability to adopt alternatives to these guaranteed issue provisions, however. For example, states may form risk pools for uninsureds, convert group into individual coverage and so on.

Rep. Dale Van Vyven (R-Sharonville) and Sen. Karen Gillmor (R-Old Fort) will carry the implementation legislation in Ohio. The legislation needs to be law by Jan. 1, 1998.

OHIO Medicine will keep you posted on the state bill's progress. ■

Ask the Ombudsman

Q: I have a number of patients who neglect to pay their co-payment at the time that services are rendered. Can I charge interest or a service fee on an outstanding balance?

A: It depends on the contract you have with the patient's insurer. Some contracts stipulate that patients are not allowed to pay more than the co-payment. Others contain language that explicitly forbids charging patients interest or a service fee. One way to deal with the situation – if you haven't already done so – is to post a sign in your waiting room that informs patients that co-payments are expected when services are rendered and have your receptionist gently remind patients of your policy when they arrive.

If for some reason a patient is unable to pay at the time of their visit, have a supply of envelopes on hand, prestamped with your office address, that you may hand the patient to use to remit payment, which should be less expensive than later sending a billing statement.

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OSMA Calendar

The Ohio State Medical Association, in conjunction with the Comer Agency, has planned the following coding and reimbursement seminars for 1997.

CPT: A Comprehensive Study

In this full-day course experienced coders will study the techniques and conventions of procedural coding. Using actual case studies for a range of specialties, participants will complete exercises using their CPT manuals to build speed and accuracy in code selection to obtain correct reimbursement from third-party payors.

Sept. 9 – Concourse Hotel, Columbus

Sept. 11 – Dayton Marriott Hotel, Dayton

Sept. 16 – Sheraton Suites, Cuyahoga Falls

Sept. 18 – SeaGate Center, Toledo

Exploring ICD-9-CM: A Voyage of Discovery

After participating in this full-day seminar, participants will master the principles of diagnosis coding. Each will be able to quickly locate the right codes and enter those properly on HCFA-1500 claim forms.

Sept. 10 – Concourse Hotel, Columbus

Sept. 12 – Dayton Marriott, Dayton

Sept. 17 – Sheraton Suites, Cuyahoga Falls

Sept. 19 – SeaGate Center, Toledo

Instructor Wanda L. Adams, CPC, of Adams Physician Advisory, has presented successful workshops all over the United States, and has discovered that many physicians and other health-care providers are missing out on getting paid for services rendered because of insufficient knowledge of or inattention to coding and managing their receivables.

Participants can register for either one or both of the seminars. If you have questions, contact Cathy Sonnhalter, OSMA Department of Meeting Management, at 1-(800) 766-6762, Ext. 144. ■

Ohio Students Receive AMA Awards

Steven Joseph Stack, Columbus, new president of the OSMA-Medical Student Section, receives the AMA/Glaxo Wellcome Achievement Award from Nancy Dickey, MD, chair of the AMA's board of trustees. Stack and Gary Robert Katz, Maumee, both Ohio medical students and OSMA members, were among the 50 outstanding young medical professionals nationwide who received the award.

Doctor autonomy sought in corporate practice bill

The OSMA has stepped up its efforts to amend Senate Bill 31, the bill that would lift the ban on the corporate practice of medicine.

The OSMA is seeking to add language that prohibits a multidisciplinary, clinical entity from establishing policies or practices that interfere with a physician's independent professional judgment.

The OSMA voted to relax its traditional support of the ban on the corporate practice of medicine last fall in favor of assuring that clinical autonomy is preserved in any new, multidisciplinary arrangement. However, the association opposes the bill because the current draft does not protect clinical autonomy. If clinical autonomy language is added, the OSMA may change its position on the bill.

For more information contact the OSMA's Krista Bistline at 1-(800) 766-6762, Ext. 223. ■

FDA wants adverse therapeutic events reported

The Food and Drug Administration (FDA) is interested in receiving reports from health-care professionals of any adverse consequences associated with "therapeutic switches" or the substitution of a prescribed drug with a totally different drug.

The effects of therapeutic switches are not routinely studied during the new drug-development process; only postmarketing experience can determine the risks of these therapeutic switches.

For example, even though drugs within a therapeutic class may have similar effectiveness and safety profiles, once a patient is titrated on one molecular entity, switching to another entity that has a different pharmacodynamic or pharmacokinetic profile could cause an adverse event if retitration for optimal effect is not done. Also, members of the same pharmacologic class can have different adverse effects and drug-drug interactions.

If you are aware of any adverse consequences of therapeutic switches, report them through the FDA's MedWatch reporting system as quickly as possible. Include the names of both the originally prescribed drug and the drug to which the patient was switched. The identity of patients is confidential and legally protected. The identity of the reporter, however, may be shared with the manufacturer unless you request otherwise. Please note: This request for reports does not apply to adverse events associated with generic drug substitution, although reporting of all serious events continues to be encouraged by the FDA.

What You Can Do: To report an adverse event due to therapeutic switching or to obtain a reporting form, call 1-(800) 332-1088. Reports can also be faxed to 1-(800) 332-0178. If you have questions, you may address them to Laurie B. Burke, Division of Drug Marketing, Advertising and Communications, FDA, (301) 827-2828. ■

Mammogram policy altered at Anthem

Third-Party Roundup

Following recent guidelines issued by the National Cancer Institute and the American Cancer Society, Anthem Blue Cross & Blue Shield policy now calls for women between 40 and 50 to receive a screening mammogram every one or two years and then annually after 50. The insurer's previous policy allowed screening mammograms annually for women over 50. Anthem says it changed its policy to improve the early detection of breast cancer.

Lawsuit plagues former Blue Cross... Medical Mutual, formerly Blue Cross & Blue Shield of Ohio, has resumed talks with customers who say the insurer's practice of negotiating discounts with hospitals entitles them to a refund. The plaintiffs say Blue Cross benefited by negotiating discounts, while patients' co-pays were based on the nondiscounted price. Medical Mutual says its practice of negotiating discounts resulted in lower premiums for customers. Lawyers for the plaintiffs say customers are owed between $46 million and $107 million. ■

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Ohio Army National Guard.....7
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OSU Medical Center.....13
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PICOM Insurance Co.....18
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The Premium Group.....16
Tri-Health.....17
Ulmer & Berne, LLP.....17
Veterans Healthcare System of Ohio.....4
Vorys, Sater, Seymour and Pease 9

What the OSMA's done for you lately

Senate OKs lower solvency levels

The OSMA is halfway home in its campaign to convince the Ohio General Assembly that there are differences between physician-sponsored networks and HMOs.

The version of the Managed-Care Uniform Licensure Act (MCULA) that recently passed the Ohio Senate established different solvency standards for the two entities. Physician-sponsored organizations will need to maintain assets equal to 110% of their liabilities and a net worth of at least $1 million. Other organizations would have to maintain a net worth of $1.2 million.

Now the OSMA-proposed amendment to MCULA must go through the House.

Before being voted out of the Senate, the bill was also amended to clarify that physician service organizations that contract with the Employee Retirement Income Security Act self-insured market are exempt from this legislation.

The legislation, Senate Bill 67, was voted out of the Senate in May. It's expected to be enacted before the Legislature recesses at the end of this month.

For more information, contact Tim Maglione, JD, director, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 220. ■

Workers' Comp deadline nears

Physicians interested in participating in the 1998 OSMA's Workers' Compensation Group Rating Program have until June 30, 1997 to apply.

This year, more than 3,800 OSMA members participating in the program will reduce their annual Workers' Compensation premium payments by as much as 50% – saving a total of more than $3.8 million.

To learn more about the plan, check the appropriate box on the response card on the front cover of this issue of *OHIO Medicine*, and an application will be sent to you. ■

Note: Although the Ohio BWC has converted to a managed-care delivery system, the group rating for BWC premiums will continue to be in effect.

UPIN directory now available

A limited number of UPIN (uniform provider identification number) directories is now available from Nationwide-Medicare on CD-ROM. The directory is a complete national UPIN listing.

To order a copy, mail your request and a check for $19 made payable to Nationwide Mutual Insurance Company to:

Nationwide Insurance Enterprise
Medicare Operations
Disclosure Unit
P.O. Box 182195
Columbus, OH 43218-2195

The directory is also available from the Government Printing Office beginning June 6 for $28 plus shipping. Contact Ester Emonds at (202) 512-1530 and request #017-060-00601-3. ■

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OHIO Medicine

A Publication of the Ohio State Medical Association

OSMA succeeds with passage of bill

Law levels playing field for physicians

■ *Managed-care fairness bills become law.*

The first step of the Ohio General Assembly's effort to overhaul managed care has been completed with the passage of Senate Bill 67.

The Managed-Care Uniform Licensure Act, which became law on June 4, establishes uniform licensure for Ohio's managed-care organizations (MCOs). This new law includes physician-sponsored networks in the list of managed-care entities that fall under the authority of the Ohio Department of Insurance. It also contains some significant benefits for physicians as well as patients. Over the past two years, the OSMA has been instrumental in having these managed-care fairness-related provisions included in the bill. For a complete description of how the new law affects you see page 9.

The next managed-care reform step will be completed when the OSMA secures passage of the Physician-Health Plan Partnership Act (PHPPA). This bill, which is the result of a cooperative agreement between the OSMA and Kaiser-Permanente, further reforms the managed-care system through provisions such as the mandatory corrective action rights for physicians about to be terminated by a plan and a prohibition against denial of reimbursement for preauthorized care.

The OSMA is hopeful that PHPPA will pass the Legislature by the end of this month.

NONPROFIT CONVERSIONS

Another managed-care related bill that became law recently is House Bill 24, the nonprofit-to-for-profit health-care conversion act.

This new law establishes a system in which the state attorney general (AG) reviews the transfer of assets from a nonprofit health-care entity to a for-profit entity.

The legislation was developed out of concerns raised by the proposed Blue Cross/Columbia HCA merger.

The OSMA supported the bill and helped push it through the Legislature.

Physicians will have plenty of advance notice if their nonprofit hospital is to turn for-profit. The law calls for the AG to receive notice of the sale two months before closing, and details of the sale will be public record. Also, the pending transaction will be published in the newspaper, and a public hearing will be held 45 days before the sale is final. ■

ODH names medical director

Photo Courtesy of the ODH

Virginia (Ginny) Haller, MD, is the Ohio Department of Health's new medical director, having previously served for seven years as the ODH's chief of the Bureau of Maternal and Child Health.

A board-certified pediatrician from Columbus, Dr. Haller is the former medical director of United Healthcare of Ohio and serves as a clinical associate professor of pediatrics at the Ohio State University. She earned her medical degree from the Hershey College of Medicine at Pennsylvania State University.

Dr. Haller will work in close collaboration with ODH Director William Ryan. Ryan is the first non-physician to head Ohio's largest health-care regulatory body. Dr. Haller will be introduced in an *OHIO Medicine* article next month.

Licensing fees increase

■ *Passage of the state budget bill means license fees will increase, but the money will go into a separate, board-operated account.*

You'll pay $25 more to renew your licensing fees next year, but at least the money you do pay will go directly to the State Medical Board, and not into the state's general rotary fund.

The separate operating fund has been a goal of the medical board for at least two decades, says the board's executive director, Ray Bumgarner.

"For many years, half or a little more than half (of the money collected from fees) has been turned back to us for board operations," he says. The rest of your money went to fund other state programs.

Bumgarner expects the new fund will enable the medical board to increase its level of efficiency, and the additional money will help the agency meet the many legislative mandates and other responsibilities that have been assigned it over the past several years.

"Resources are only part of it, though," says Bumgarner. "The board will continue to search for ways to make it more effective and efficient in its future operations."

The bill requires the medical board to establish a staggered biennial license renewal on a quarterly basis over the two-year period. Continuing medical education requirements will be coordinated accordingly.

The OSMA supported both the board's proposed "cost-of-living" increase, as well as the separate operating fund.

The budget bill also:

- Extends the physician loan repayment program to 2001.
- Creates a program to study facets of a Medicaid managed-care program.

What You Can Do: If you have questions about the budget bill, or would like more information about its provisions, contact Nick Lashutka, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 226. ■

OSMA Public Health Committee appointed

Acting on a motion from the OSMA Council, the Public Health Committee has been formed to help advise the association and promote its health activities to the public.

This committee will implement OSMA's primary mission (to serve as an advocate for the physicians of Ohio) in the area of public health. The committee will promote public health issues as they relate to improving physician understanding and involvement.

Committee members include: **Kosi J. Avotri, MD**, Dayton; **Stephen Banko, MD**, Mansfield; **Charles O. Dillard, MD**, Cincinnati; **Jeffrey Allen Harwood, MD**, New London; **James B. Metzger, MD**, Toledo; **Edward D. Miller, MD**, Oberlin; and **Richard L. Wenzel, MD**, Toledo. ■

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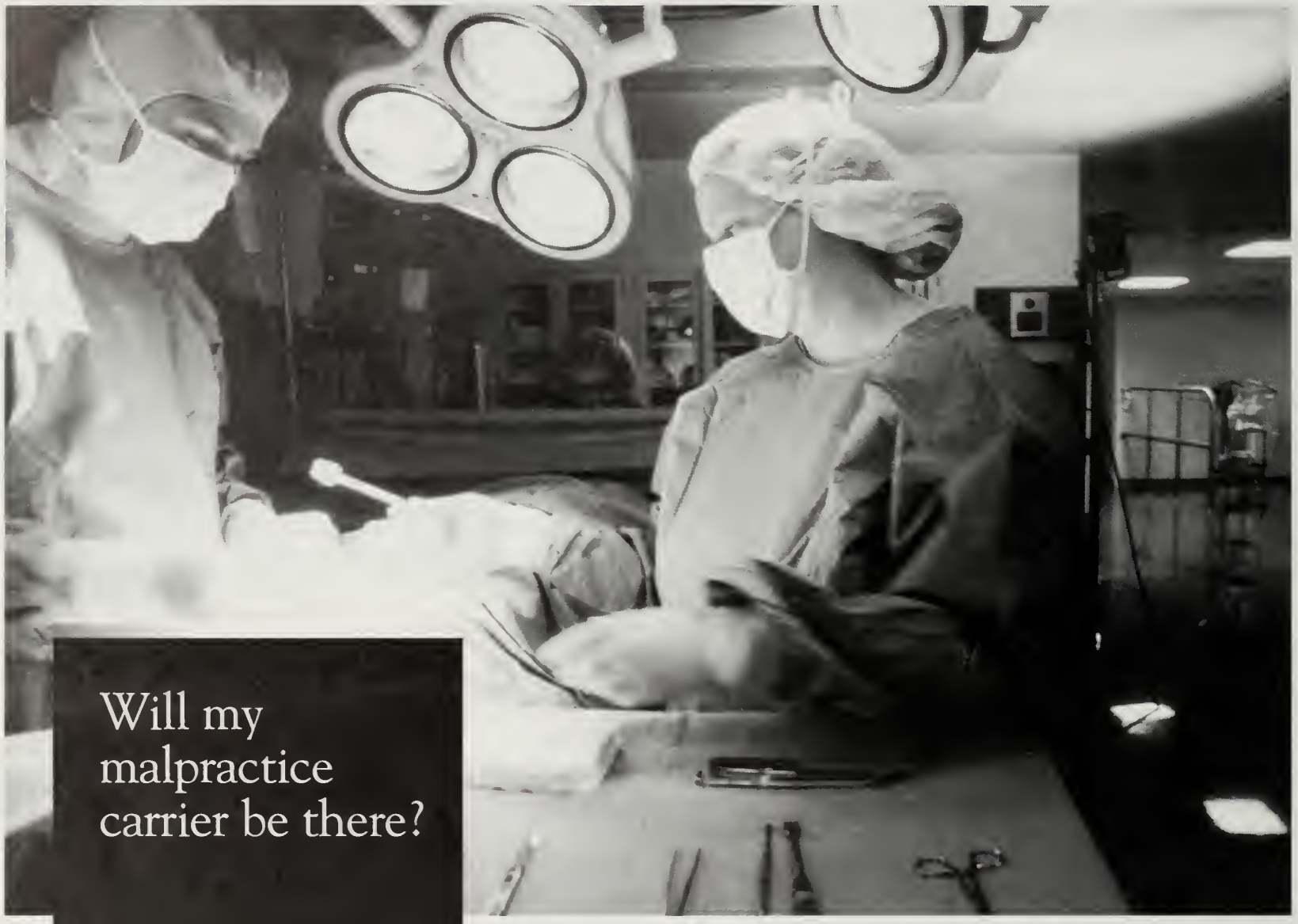

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New provider numbers backlogged

■ *Applications are taking up to 13 weeks to process; Medicare is urging patience.*

An unanticipated backlog at Medicare has physicians waiting 13 weeks or more to receive a new provider number, but Nationwide-Medicare is taking steps to remedy the problem.

At issue is the HCFA 855, a form used to apply to Medicare for a new provider number when the following occurs:

- One or more physicians are added to the practice.
- The practice location changes.
- The tax status of the practice changes.

NUMBER OF REASONS FOR DELAY

Some of the backlog can be blamed on the sheer number of forms being submitted to Nationwide – around 1,400 per quarter (many more, say, than are being handled by more populous Texas and Florida). But some of the problem can be traced back to physician error, says Jeannine Keating, director of Provider and Beneficiary Services at Nationwide-Medicare.

"A number of physicians are accidentally skipping questions," she says. "Others are using a rubber stamp on the form, when, in fact, we require a signature in ink." Incorrectly filling out the form, of course, only delays matters further.

To address the issue, Nationwide-Medicare has been reassessing its work flow and making improvements to the application process (one intermediate solution, for example, has been to add a night shift to help process the forms).

In the meantime, if you are a physician who is waiting to receive your new provider number, according to Nationwide-Medicare, you may continue to use your old number *if* the following applies:

- You are adding an office to your existing practice.
- Your office address changes.
- The same physicians form a new group (for example, Surgical Associates, Inc. becomes Central Ohio Surgical Associates).

If you are leaving one group practice for another, however, you may *not* use your old number. In that instance, you may continue to see Medicare patients, but you can't bill them until you receive your new number, because the number from your old practice will *not* transfer.

While that may backlog some of your accounts receivable, Bill Fry, OSMA Ombudsman, counsels physicians to remain patient.

"We understand that this delay is frustrating for physicians," he says. "If you find that you need to file the HCFA 855, we are advising physicians to 1) file immediately; 2) fill out the form completely and correctly; and 3) allow at least 12 weeks for your request to be processed."

What You Can Do: If you have questions about the status of your application, contact Nationwide-Medicare Provider Relations at (614) 464-9924. ■

Midterm checkup: 1997 legislation

The OSMA continues to monitor 25 health-care bills, covering a variety of subjects. Here is where two of the more pressing bills are, midpoint in the legislative session.

Senate Bill 31 – Medical Corporations

What it does: Authorizes certain medical providers to form business entities.

What it means to you: If passed, physicians who want to partner with allied professionals in a new business arrangement may do so.

What the OSMA is doing for you: Although the OSMA has relaxed its stance supporting the traditional ban on the corporate practice of medicine, it has not changed its position that physicians in these relationships must be assured clinical autonomy. Toward that end, the association was successful in amending the bill with language that prevents allied professionals from diagnosing or treating patients outside their scope of practice.

Recent developments: A substitute bill expands professionals covered under the bill to include advanced practice nurses, psychologists and others.

Status: House Health Committee.

House Bill 187 – Pain Control

What it does: Requires the State Medical Board of Ohio to adopt rules establishing standards for physicians in the treatment of intractable pain.

What it means to you: This bill attempts to clear up confusion and misunderstandings about prescribing for chronic pain patients. If passed, the bill will enable physicians to treat their chronic pain patients appropriately, without fear of medical board censure.

What the OSMA is doing for you: The OSMA supports this bill, and has taken upon itself the task of educating all Ohio physicians on the subject. The association will develop and mail a handbook on treating intractable pain that will include a test for CME credit.

Recent developments: Because of the OSMA's proposed educational efforts, legislators agreed to delete a provision mandating physicians to earn CME credit on pain control.

Status: House Health Committee. ■

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Inside

■ **MENTAL HEALTH PARITY** is the subject of a new bill under debate in the Ohio Legislature...**8**

■ **MCULA'S SIGNIFICANCE** is twofold. The new law regulating managed-care plans is not only a first for the country, but it also has plenty of good news for Ohio physicians...**9**

■ **TRUEMAIL VS. INTERNET.** A Pennsylvania neurologist, uneasy with the Internet's openness, has developed a faster, cheaper, more secure way to send patient records from one point to another...**10**

■ **ARRANGING AN ADOPTION** is illegal for a physician, but the law's language is so vague, local courts are having trouble deciding when someone oversteps the law...**12**

Need More Information?

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- Item #22 – Merging medical staffs, prepared by Elizabeth Snelson, JD.
- Item #23 – Medical staff mergers, AMA-OMSS Governing Council Report B.

Ohio Physicians Effectiveness Program

Physicians' program campaigns for funds

Physicians snorting cocaine, popping painkillers or mixing drugs and alcohol is the dark side of medicine rarely seen by patients, colleagues or family members. However, for the staff of the Ohio Physicians Effectiveness Program (OPEP) these are everyday occurrences.

Last year, 54 of the 140 disciplinary actions against Ohio physicians involved drugs or alcohol. "Between 1995 and 1996, we had a 27% increase in total cases we handle," says Ed Poczekaj, director of field services for OPEP, an organization that helps monitor the treatment of addicted physicians.

FUND-RAISER HIRED

Helping impaired physicians takes a hefty budget, something OPEP doesn't have. To turn things around, OPEP hired a professional fund-raiser, Saul Seigel, as director of resource development. During his career, he managed organizations and campaigns with cumulative results exceeding $700 million.

Seigel has a full-blown fund-raising campaign in the works. He's already contacted past supporters, county medical societies and malpractice insurance companies. A fund-raising packet including letters from previous supporters, testimonials and a brochure outlining OPEP's duties accompanies the request. "What I hope to do is stabilize the budget so that we have some continuity," says Seigel. "OPEP not only saves health-care professionals from losing their license, but OPEP is important to the general public."

The 1997 OPEP budget is $306,250. Seigel hopes OPEP will raise and maintain an annual amount of at least $500,000 so that a yearly fund-raising drive will not be necessary.

Currently OPEP relies on funding mainly from the Ohio Medical Quality Foundation (OMQF), which was organized to manage the remaining monies from the Stabilization Reserve Fund. For the past two years OMQF has been a major sponsor of OPEP. ■

OPEP program started with six volunteers

When the American Medical Association urged state medical associations to develop programs to help physicians impaired by alcohol, drug abuse, mental/emotional problems and problems of aging, the Ohio State Medical Association was one of the first to develop such a program.

With six volunteer physicians the program got off the ground in 1975. In less than two years, the committee had grown to approximately 25 Ohio physicians. By 1991 the Ohio Physicians Effectiveness Program (OPEP) had a full-time medical director and staff.

Annual funding for the first few years of the program was approximately $250,000 – with nearly half of the total coming from the PIE Mutual Insurance Company, one quarter from OSMA, and the remaining quarter from the Ohio Hospital Association, Ohio Hospital Insurance Co., Ohio Osteopathic Association, Ohio Veterinary Medical Association and Physicians Insurance Company of Ohio.

In late 1995, a need to expand OPEP services to other groups of health-care professionals was realized and, by mutual agreement between OPEP and the OSMA, OPEP became an independent organization in January 1996.

OPEP is widely recognized and accepted as a credible monitoring program for physicians and health-care professionals. The OPEP staff is skilled in preparing successful interventions. Field representatives meet regularly with clients to assess and support their program of recovery and advocate for them before regulatory bodies.

For more information, contact OPEP at (614) 891-0080. ■

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KENTUCKY MEDICAL INSURANCE COMPANY

OSMA abortion resolution proves timely

■ *The AMA is showing support for a federal bill banning intact dilation and extraction procedures.*

A proposed resolution addressing intact dilation and extraction procedures, amended then adopted by the OSMA House of Delegates in May, proved to be a timely one. Just two days after the OSMA House adjourned, news reports carried stories that the AMA unexpectedly endorsed federal legislation that bans the controversial procedure.

For years, both the OSMA and the AMA have steered a wide path around the abortion issue, and even in adopting Resolution 23-97, the OSMA's House stepped gingerly into the fray.

In its original form, the resolution called for the OSMA to "diligently work to oppose all intact dilation and extraction procedures, and that this opposition be incorporated into OSMA policy" and, further, that the "OSMA delegation to the AMA be instructed to introduce a resolution calling for AMA policy in opposition to intact dilation and extraction at the AMA Annual Meeting in June 1997."

The original resolution was amended by the resolutions committee and again on the floor of the House to soften the proposed resolves. The adopted resolution calls for the Ohio delegation to the AMA to:

- Support the recommendations of the AMA board of trustees report on the subject (to be presented to the House in June); and
- Recommend to the AMA House that all matters surrounding post-viability pregnancy terminations in normal fetuses be referred to the Council on Ethical and Judicial Affairs.

Those recommendations were carried to the AMA House last month.

Meanwhile, the AMA justifies its unexpected move into the emotional debate, and its support of the federal bill as follows:

- First, the partial delivery of a living fetus for the purpose of killing it outside the womb is ethically offensive to most Americans and to most physicians.
- Second, our expert panel, which included representatives from the American College of Obstetricians and Gynecologists, could not find any identified circumstance in which the procedure was the only safe and effective abortion method.
- Third, the bill's sponsors substantially changed the bill for the safety of our patients, so that no accepted abortion technique is included and so that physicians have full discretion to use even the partial birth technique in the course of a delivery with unforeseen circumstances.

A bill banning the procedure in Ohio has been enacted but not enforced since its constitutionality is still being tested in court. ■

Correction

Last month, *OHIO Medicine* incorrectly reported that Charles D. Stienecker, MD, would chair the new Managed-Care Committee formed by the State Medical Board of Ohio. The chair will be Anita Steinbergh, DO. *OHIO Medicine* regrets the error.

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Mental-health parity bill finally introduced

Legislative Roundup

As reported in the March issue of *OHIO Medicine*, a mental-health parity bill that the Ohio Psychiatric Association supported last year and helped to revamp for this legislative session has been introduced, finally, by Rep. Charleta Tavares (D-Columbus).

The bill would require health insurers to provide coverage for diagnosing and treating mental illness. Supporters say the bill is needed to end discrimination by insurers who provide little or no coverage of mental problems that stem from biological causes, such as schizophrenia, bipolar disorders and major depression.

An estimated 300,000 Ohioans suffer such problems. Among the bill's sponsors is Rep. Lynn Olman (R-Maumee), an insurance agent.

Signature codes expanded to allied professionals... House Bill 243, which establishes standards for using electronic and computer-generated signatures in records of health-care facilities, was amended recently to expand the definition of "health-care facility." Now, dentists, optometrists, mental health, and drug- and alcohol-addiction professionals will be able to use electronic signatures if the bill passes. At present, the bill is under discussion in the Senate.

DNR bill adds emergency staff to exemption... Among a dozen amendments to House Bill 354, establishing do-not-resuscitate identifications, orders and protocols, was the addition of emergency department personnel to the language exempting doctors and others from liability if they are unaware of a patient's DNR declaration. Also added was language that prohibits physicians or others who object to the bill's requirements, morally or ethically, from blocking the actions of others.

Workers' Comp law clamps down on provider fraud, kickbacks... Senate Bill 45, the law that makes changes in the structure, payment and determination of benefits in the state's Workers' Compensation system, becomes effective July 22, 1997. Among the bill's provisions are changes in the definition of occupational disease, and language that prohibits kickbacks from health-care providers, as well as language that bans providers from receiving payment for false claims.

Bill monitors drug sales...A new bill introduced in the House (House Bill 460) prohibits the selling of certain drugs in excess of the quantity and concentration or length of time of use that is already approved by the Food and Drug Administration.

Proposed statewide trauma system bill dies... Before a bill could even be drafted, members of the Emergency Medical Services Board voted against seeking legislation to create a statewide trauma system, despite a recommendation from the board's trauma subcommittee to pursue such action. The board believed more data should be collected before a bill is offered. Meanwhile, it said, the voluntary trauma systems in place in Ohio's large metropolitan areas could be expanded. The board is expected to disband its trauma subcommittee if it has not already done so.

Penalties stiffened for possessing Rohypnol... Criminal penalties will be stiffened for those who traffic in and/or possess flunitrazepam (Rohypnol) and for sex offenders who administer the drug to victims by stealth, force or deception if House Bill 32 becomes law. The measure has already passed the House.

Bill requires in-person abortion notice... House Bill 421 would require that physicians meet with patients 24 hours before performing an abortion to discuss with them the implications of the procedure and alternative treatments available. The law presently allows such information to be presented via video and audiotapes.

Insurance portability bill under study... The Kassebaum/Kennedy bill, which attempts to broaden health-care coverage for the uninsured, was enacted by Congress last year, and will be implemented next January. Until then, states have been given an opportunity under the measure to adopt alternatives to the federal bill. Ohio legislators are considering a measure (House Bill 374) that would adopt a state risk pool for the uninsurable, as well as insurance coverage of follow-up care for a mother and newborn. The bill is on a fast-track (legislators are working on a federal deadline) and may be law by the time you read this.

What You Can Do: If you have questions about any of the above legislation, or OSMA's position on any of the above bills, you may contact the OSMA Department of Legislation at 1-(800) 766-6762. ■

Physician survey mailed

A survey asking physicians to describe their medical practices and how they're structured is being circulated by the OSMA's Department of Legal Affairs.

The department is attempting to compile a database of information that can be shared with OSMA members (this information will not be distributed to outside sources). If you receive one of these surveys, please take a moment to complete it and return it to the OSMA.

If you do not receive a survey, but would like to participate, please contact Traci Benzing at the OSMA at 1-(800) 766-6762, Ext. 132. ■

MCULA brings level of fairness to all physicians

The Managed-Care Uniform Licensure Act (MCULA), which became law June 4, 1997 (Senate Bill 67) changes the way managed-care plans are regulated by the Ohio Department of Insurance. Most significantly, the bill also recognizes a new type of managed-care entity, known as the provider-sponsored organization (PSO). PSOs are defined as health-insuring corporations (HICs) that are 80% owned and controlled by hospitals and/or physicians. At the OSMA's urging, legislators recognized that not all managed-care plans are equivalent, and should, therefore, not be regulated exactly the same. That's why PSOs have lower minimum solvency standards to meet than a traditional HMO. (For more information, see the related story on page 1.)

While this provision may not apply to all Ohio physicians – yet – it will leave the door open for those physicians who may, in the future, want to form their own networks for the purpose of contracting directly with insurers and other payors.

In fact, MCULA has made such contracting easier by clarifying which managed-care plans are *not* regulated by the Ohio Department of Insurance. Physicians may, for example, contract directly with self-insured employers without being licensed by the ODI.

Meanwhile, other provisions in SB 67 benefit physicians now, especially those who practice in the managed-care arena. For example, the bill:

- Requires the rights and responsibilities of the contracting health-care provider to be clearly explained in relation to utilization review, quality assurance, credentialing and other administrative programs. Explanations regarding the confidentiality of medical records and the plan's access to such confidential records must also be provided to contracting physicians. In addition, the process for dispute resolution must also be described.
- Prohibits health-insuring corporations from offering incentives to physicians to reduce or limit medically necessary health-care services. Physicians are also protected if they advocate for medically necessary services for their patients. HICs may not penalize a physician in any manner for promoting the patient's interest.
- Requires HICs to help physicians find stop-loss coverage if they offer at-risk or capitated contracts. This continues to allow physicians the ultimate determination of whether stop-loss coverage should be purchased. If stop-loss coveraged is needed, the market power of an HIC should be useful in obtaining such coverage.
- Limits the potential financial risk of physicians if an HIC becomes insolvent or discontinues operations. The bill clarifies the extent to which the health-care provider must continue to provide care without compensation, should the health-insuring corporation cease operations.

Overall, MCULA brings a new level of fairness into Ohio's managed-care market. Physicians are now provided opportunities to offer managed-care products in the marketplace in a financially feasible manner. If a physician group chooses not to become a licensed HIC, alternatives are now available for these providers to compete successfully. ■

Let us know what you use to surf the Internet

As the OSMA moves toward electronic communication, the association is asking physicians to answer the following about the computer equipment they use in order to better serve the needs of its members. Please complete and return to *OHIO Medicine*, 1500 Lake Shore Dr., Columbus, OH 43204.

1. What type of computer system are you currently using?

❑ Macintosh ❑ PC (i.e., IBM, Compaq, etc.)
❑ Other _____

2. What operating system are you currently using?

❑ Windows '95 ❑ Windows 3.x ❑ Macintosh
❑ Other _____

3. Are you connected to the Internet?

❑ Yes ❑ No

If yes, who is your Internet service provider?

❑ America Online ❑ Physicians' Online
❑ CompuServe ❑ Prodigy
❑ Microsoft Network ❑ Independent _____

4. What Web browser do you use?

❑ America Online ❑ Prodigy
❑ Microsoft Explorer ❑ Other _____
❑ Netscape

5. How fast is your modem speed?

❑ 14.4 or slower ❑ 28.8 ❑ 36.6
❑ ISDN ❑ Other _____

6. Do you have e-mail?

❑ Yes ❑ No

What is your e-mail address? _____

Name (please print) _____

Address _____

City, State, ZIP _____

Phone _____

Neurologist develops high-speed 'mail' route

Editor's Note: *As part of its Computer Chat column, OHIO Medicine will periodically report on computer software available for medical professionals. The OSMA, however, does not endorse any software product. The reports published here are for informational/educational purposes only.*

A new software program on the market promises to cut through programming red tape and allow you to send data from one point to another in a faster, more secure, affordable and easier way.

A neurologist in Meadville, Pennsylvania, has developed TRUE*MAIL*, a high-speed data transmission computer software program that can move large data files between two points quickly while keeping the information confidential.

Barry Bittman, MD, worked two years designing the program. Dr. Bittman was frustrated when he wanted to send patient records via computer to another physician. He found the Internet wasn't the solution because he didn't feel it was secure. "Do you want to share your information with 50 million people?" he asks.

MOVING LARGE FILES

TRUE*MAIL* is a closed system that can compress large files to move faster. Using an encoding technique, the files can only be read by the intended receiver.

Since you are transferring data point-to-point over regular phone lines, you don't have to worry about band-width restrictions or interruption of service.

TRUE*MAIL* uses a host-client concept allowing only one host to exist at a time. TRUE*MAIL* totally eliminates the need for a commercial server or the Internet. "We've sent 6 MB of bitmaps (security diagrams) in under a minute and an entire 219-page book (16 Pagemaker files or 1.9 MB) in under 90 seconds using just 28.8 modems and ordinary phone lines," Dr. Bittman says.

EASY INSTALLATION

Installation takes only 10 minutes. Each client disk has interactive help and its own user manual. Client software is generated by the host for distribution – you provide blank 3.5" diskettes.

System requirements are minimal. Users must have a 486 or Pentium with 8 MB of RAM for Windows 3.1 or 16 MB for Windows '95, a hard drive, and a 28.8 modem and a regular phone line.

SAVE ONLINE COSTS

Offline mail allows you to create and view messages offline, than attach any file – documents, spreadsheets or graphics. This saves the user money by not paying online costs while creating or reviewing documents.

There are no user or subscription fees, no access, message unit or online charges. The software program costs $149.95.

For more information contact TollFree Software Solutions, 1012 Water St. Suite 12, Meadville, PA 16335, 1-(800) 362-7246. ■

Are out-of-network fees the same as co-pays?

Under Ohio law, physicians may not solicit patients for their practices by offering to waive co-pays of deductibles. So, are physicians who waive out-of-network fees breaking the same law?

State Medical Board

Members of the State Medical Board of Ohio wrestled with that question at their April meeting after an attorney was unsure how the current statute applied to this new practice, and asked the board for clarification.

A motion to send a letter to the state attorney general for an opinion on the matter was defeated by board members who were reluctant to see the matter stated in a manner that could set precedent and be used in court.

Ultimately, the issue was tabled, but it's possible board members will be forced to re-examine at a later time whether or not out-of-network fees are the same as co-pays of deductibles and, if they are, does the same statute about advertising the waiving of co-pays to entice patients apply? *OHIO Medicine* will keep you posted.

OF NOTE...

PA position paper drafted... The board has drafted a position paper on the supervision of physician assistants (PAs). The paper is a response to clarify the differences between direct, on-site and off-site supervision. The board, however, will continue to review every PA utilization request and make appropriate decisions. At press time, the paper was still in draft form.

What You Can Do: If you have questions about the medical board, contact the OSMA's Division of Legal Affairs at 1-(800) 766-6762. ■

Ask the Ombudsman

Q: If a patient doesn't have Medicare Part B, can I treat them as I would any other fee-for-service patient?

A: Although it's highly unusual, some patients, for whatever reason, may not elect to participate in Medicare Part B. While there is a state law (HB 478) that prohibits physicians from balance billing Medicare Part B patients, it does not apply to patients who are eligible for Medicare but choose not to participate.

While you may legally charge them whatever you choose (i.e., treat them as a fee-for-service patient), it does not mean, necessarily, that you should, says Bill Fry, OSMA Ombudsman.

"First, there are so few of these patients, you're not going to lose that much money if you charge them the Medicare allowable. Second, even though they have elected not to participate in Medicare Part B, you risk alienating them if you charge them more than you do patients who opted for Part B.

"From a public relations standpoint," Fry continues, "it's a better idea to charge them the Medicare allowable and forgo the few dollars more you may have been able to collect."

Ohio law prohibits 'arranging' adoptions

An Ohio law that prohibits physicians from arranging adoptions has some courts puzzling over the language of the law and interpreting it differently.

The original legislation (Sub. HB 419) stipulates that only attorneys may "arrange" adoptions, but it also allows any person to "informally aid or promote" adoptions, which muddies the waters somewhat: At what point does "informally aid or promote" become "arranging"?

One probate court has indicated that when someone, such as a physician, who has a privileged or fiduciary relationship with a biological mother puts the mother in contact with an adoptive family, that person has arranged the proposed adoption.

"This may even include telling the mother, 'Contact my attorney for more information about the family I know,' " says Fred Leffler, an Akron-area attorney with Hollister, Leiby, Hanna & Rasnick. If that happened, he says, some courts would not permit that family to adopt the baby, since the attorney did not "arrange" the adoption. If, on the other hand, the physician had simply recommended an attorney to the mother, he or she would not be overstepping the law (even if the physician and the attorney had previously discussed a potential adoptive family the physician is familiar with).

Other county probate courts may not be as strident with their interpretation of this statute, Leffler says. However, the courts are just now beginning to work with the statute, and positions are still being formulated. In the meantime, any physician who is presented with a possible adoption involving his or her patient should immediately contact an attorney who is familiar with adoption requirements.

"Otherwise," Leffler says, "any attempt to help, aid or promote an adoption may backfire." ■

OMPAC gains members

Responding to OMPAC Chair Daniel Handel, MD's challenge to "have 100% OMPAC membership in the OSMA House of Delegates," each member of the Sixth District enrolled in OMPAC, for 100% membership in the district. In all, the Ohio Medical Political Action Committee gained 22 contributors, raising more than $5,000 in additional monies for the PAC. Sixteen delegates either upgraded or joined OMPAC's select "300 Club," for members who contribute at least $300 to the PAC. ■

OSMA Calendar

The Ohio State Medical Association, in conjunction with the Comer Agency, has planned the following coding and reimbursement seminars for 1997.

CPT: A Comprehensive Study

In this full-day course experienced coders will study the techniques and conventions of procedural coding. Using actual case studies for a range of specialties, participants will complete exercises using their CPT manuals to build speed and accuracy in code selection to obtain correct reimbursement from third-party payors.

Sept. 9 – Concourse Hotel, Columbus

Sept. 11 – Dayton Marriott Hotel, Dayton

Sept. 16 – Sheraton Suites, Cuyahoga Falls

Sept. 18 – SeaGate Center, Toledo

Exploring ICD-9-CM: A Voyage of Discovery

After participating in this full-day seminar, participants will master the principles of diagnosis coding. Each will be able to quickly locate the right codes and enter those properly on HCFA-1500 claim forms.

Sept. 10 – Concourse Hotel, Columbus

Sept. 12 – Dayton Marriott, Dayton

Sept. 17 – Sheraton Suites, Cuyahoga Falls

Sept. 19 – SeaGate Center, Toledo

Instructor Wanda L. Adams, CPC, of Adams Physician Advisory, has presented successful workshops all over the United States, and has discovered that many physicians and other health-care providers are missing out on getting paid for services rendered because of insufficient knowledge of or inattention to coding and managing their receivables.

Participants can register for either one or both of the seminars. If you have questions, contact the OSMA's Department of Meeting Management, at 1-(800) 766-6762, Ext. 144. Look for more practice-management seminars scheduled for October, November and December next month. ■

President's Perspectives

Assuring our future

■ MCULA secures the future for physician-owned networks.

If you're a member who pays attention to state legislation (and you should be), then you know that the OSMA is once again making progress at the Ohio Statehouse.

One of the bills just signed into law is the legislation known as the "Managed-Care Uniform Licensure Act" (MCULA). This is the measure proposed last year by the Ohio Department of Insurance (ODI) and reintroduced this legislative session. The bill sought regulation over all managed-care plans, including those that are now being formed by physicians.

We knew that the bill affected few of our members – yet. But we also knew that the capitalization requirements the ODI was setting for physician-owned plans could seriously hamper any future efforts to enter the managed-care marketplace on a competitive basis. Our intent in proposing a lower reserve for physician-owned networks was not to destroy the competition but simply to level the playing field for us. I doubt if few of us are ready, at this point, to form our own managed-care networks, but by acting now, we were able to assure our future. The fact that it also contained a number of managed-care fairness issues was icing on the cake (see the related story on page 1 for more information on MCULA).

In the same vein, the Physician-Health Plan Partnership Act, which, at this writing, is still making its way through the legislative process, is medicine's attempt to assure the future for our patients. In our present managed-care environment, the physician-patient relationship is teetering on a dangerous precipice. We need to reach out now to assure its safety. We must not allow the quality of care to be overlooked in a rush to save health-care dollars. We are our patients' advocates. It's not a responsibility we should take lightly, whether that means remaining vigilant with third-party payors or in the legislative arena. After all, if we don't represent our patients, who will?

Su-Pa Kang, MD

We can't depend on anyone else to take on this vital role. It's our job, and we must accept the responsibility.

The OSMA assumes a role in both the legislative and third-party arenas, but as members, it's important for you to become actively involved as well. That's especially true in the legislative process. Write or call your legislators and let them know what you think about the bills they introduce that will directly impact your practice, and, more significantly, your patients. To learn more about the bills read *OHIO Medicine*. Then join our Physician Legislative Action Network (PLAN), and contribute to the Ohio Medical Political Action Committee. The time to act is now. If you recall, last month, I promised to bring in one new member each month that I serve as OSMA president. I am pleased to introduce you to my first OSMA recruit. His name is Kitai Kim, MD, a professor of pathology at the Medical College of Ohio in Toledo. How are you doing with your membership efforts? I would like to hear from you. Please write and tell me about your new member. ■

Alliance Report

Continuity, stability key

■ This year, like last, members will focus their energies on educating their communities about violence.

I feel as though I need to make some profound statement that will stick with us through this year. Something that is new and innovative. Rather, this year I am looking to continuity, stability and taking care of the counties.

This is not a year of bigger is better or more is better yet, and it's not Denise Kneisley's year. This year we'll continue many of the successful programs initiated last year, including the S.A.V.E. program, "Hands Are Not for Hitting" and "Unplug the Violence." We'll continue to work with county medical societies in sponsoring workshops and programs addressing issues of violence in society.

We will continue to stay abreast of legislative issues that help medicine stay healthy in Ohio. To do this we need to be knowledgeable about tort reform, managed care and gag clauses, and educate ourselves about candidates for election. We need to be a team with our physician spouses. As a team player, we need to be willing to step in and do what our physician spouses don't have time to do.

The strength of our organization is in our members. I hope for stability in the Alliance by maintaining the current membership numbers. We need members – and not only active participants. We need members who are willing to support the Alliance financially. We need to look at ideas and programs that will meet the needs of the Alliance volunteer today and not be afraid to rework some of our approaches.

Denise Kneisley

We need to keep and develop our active members to become leaders in the Alliance both at the local and state level. Leadership and political involvement are outstanding qualities of our members.

Our alliances are more than a social or community service group. We are a medical family. Physicians are different from most professionals. They make ultimate decisions and choices that could affect the most precious gift a person has – his life.

I look forward to working with you this year. ■

Judge throws out Medicaid carve-out contract

Regulatory Watch

A federal judge recently voided a contract between the state and a company that would have provided Medicaid recipients with mental health and drug- and alcohol-addiction services. The judge found that the state violated numerous state and federal procurement regulations when it recommended awarding the lucrative contract – worth about $175 million – to Ohio Behavioral Health Partnership of Columbus and Norwalk, Va. As reported last month in *OHIO Medicine*, Value Behavioral Health, a managed-care company in Virginia, filed a civil lawsuit to block the contract, charging that the state chose Ohio Behavioral after being heavily lobbied and receiving huge campaign contributions.

The judge nullified the state's plans after finding that 1) Ohio Behavioral might have profited by $5.4 million, which violated the state's contract specifications; and 2) Ohio Behavioral's proposal would've cost the state $3.9 million more in administrative costs than Value Behavioral Health, but Ohio Behavioral was allowed to secretly amend its proposal.

The state will be allowed to re-solicit bids for the contract, but the judge appointed an independent monitor, the president of the Columbus Federal Bar Association, to oversee the process.

BUREAU OF WORKERS' COMPENSATION

Provider training sessions planned... In an effort to better explain how the BWC's new Health Partnership Program works, the bureau is planning a number of provider seminars around the state this month. By now, physicians who participate in Workers' Compensation should have received a brochure describing the bureau's program. The OSMA, meanwhile, is planning its own series of educational seminars in September. Meant to help physicians navigate the BWC's Health Partnership Program, the OSMA seminars will be held in Canton, Cincinnati, Columbus, Dayton, Independence and Toledo. For more information, contact Maria Bond at the OSMA at 1-(800) 766-6762, Ext. 123.

OHIO DEPARTMENT OF HEALTH

Amendments proposed to rad tech rules...A public hearing on the proposed changes to the radiologic technology licensure rules has been scheduled by the ODH for July 10. Changes to the rules include fee increases for license applications and renewals, and clarification of the definition of "standard, diagnostic, radiologic procedures." A resolution introduced at the OSMA's House of Delegates Annual Meeting in May sought to repeal the law requiring X-ray technicians to be licensed, but it was rejected by the House. Physicians wishing to make written comments about the amendments may submit them to the Ohio Department of Health, Attn: Radiologic Technology Section, P.O. Box 118, Columbus, OH 43266-0118. Because the OSMA is carefully following these rules, it is asking physicians who submit comments to the ODH to forward a copy to the OSMA Department of Legal Affairs, 1500 Lake Shore Dr., Columbus, OH 43204-3891. If you need a copy of the proposed amendments, contact the Department of Legal Affairs at 1-(800) 766-6762. ■

Medicare appeals process streamlined

Medicare beneficiaries will receive a ruling within 72 hours when they appeal a denial-of-care decision by a health plan, the federal government has announced. The new rule will apply when such a decision jeopardizes life, health or the ability to regain maximum function. The new regulations require health plans to:

- Notify all Medicare beneficiaries of their appeals rights.
- Use denial notice forms that describe the expedited right to appeal.
- Accept oral requests for appeals.
- Follow up verbal notification in writing within two working days.

MEDICAL SAVINGS ACCOUNTS PROPOSED

About 500,000 Medicare patients nationwide will soon be able to opt for a medical savings account over their standard Medicare benefits.

The test group of senior citizens will be able to take their entire Medicare benefit as a cash voucher and use it to buy health insurance, with a deductible of up to $6,000. Any leftover money could go into a tax-exempt savings account to pay for uncovered medical bills. ■

OSMA elects new officers, councilors

Lance A. Talmage, MD, Toledo, former chair of the OSMA Organized Medical Staff Section, was elected president-elect at the 1997 OSMA Annual Meeting held in May in Columbus. In other election results, the following individuals were elected to the OSMA Council for two-year terms.

Councilors

Second District: **J. Steven Polsley, MD**, Urbana

Fourth District: **John P. Anders, MD**, Sylvania

Sixth District: **David J. Utlak, MD**, Canton

Eighth District: **Walter J. Wielkiewicz, MD**, Zanesville

Tenth District: **Victoria N. Ruff, MD**, Columbus

Twelfth District: **Charles A. Peter, MD**, Akron

Delegates to the AMA

Jan. 1, 1998 to Dec. 31, 1999

John A. Devany, MD, Toledo; **Edmund W. Jones, MD**, Cincinnati; **Su-Pa Kang, MD**, Toledo; **Ronald L. Price, MD**, Cleveland; **Jack L. Summers, MD**, Akron; **David J. Utlak, MD**, Canton; **Claire V. Wolfe, MD**, Columbus.

Alternate Delegates to the AMA

Jan. 1, 1998 to Dec. 31, 1999

Craig Anderson, MD, Columbus; **Daniel W. Handel, MD**, Youngstown; **W. Jeanne McKibben, MD**, Oberlin; **Carol M. Sholtis, MD**, Gallipolis; **Lance A. Talmage, MD**, Toledo; and **Donna A. Woodson, MD**, Toledo.

Alternate Delegate to the AMA to fill the unexpired term of Victoria Ruff, MD, Columbus, for the term of May 19, 1997 to Dec. 31, 1997: **W. Jeanne McKibben, MD**, Oberlin. ■

Association Roundup

Dr. Utlak nominated OSMA president-elect

The board of trustees of the Stark County Medical Society and the Mahoning County Medical Society nominated David J. Utlak, MD, for the office of OSMA president-elect. In a nominating letter from chair of the Sixth District delegation, Chris A. Knight, MD, said, "Dr. Utlak's experience, knowledge, achievements and his vision for the future make him an ideal candidate for this office."

Dr. Utlak, a Cleveland native, has served as president of the Stark County Medical Society, as well as a delegate to the OSMA and AMA, and Sixth District Councilor for the past four years.

Market your practice in *Group Practice Directory*

The new 1997 *Group Practice Directory* is now available to members and nonmembers. This directory contains detailed information on compensation, benefits, scope of services and much more. This edition includes information on 43 group practices from around the state. Members of the OSMA Group Practice Section will receive a complimentary copy. OSMA members can order a copy for $35; nonmembers pay $50. To order the 1997 directory, contact Susan Rupli, OSMA Group Practice Services, at 1-(800) 766-6762, Ext. 102. ■

Medical staffs advised to anticipate mergers

Hospital and other organized medical staffs may want to consider altering their bylaws now to prepare for the possibility of mergers or acquisitions.

Elizabeth Snelson, a Minnesota attorney who spoke at the OSMA's Organized Medical Staff Section's Annual Assembly in May, provided these tips for medical staffs to consider:

1. **Make sure your bylaws are binding.** Ohio courts do not recognize medical staff bylaws as contracts, so, Snelson says, "they're not binding unless they say they're binding." Be sure your bylaws include a clear statement that says the bylaws are binding.
2. **If a merger is on the horizon, hire your own attorney.** Each merger or acquisition is different and, at present, there is no one clear way to draft your bylaws to prepare for every possibility in a transaction. Don't rely on the hospital attorney to look out for you, Snelson says. Find your own medical lawyer to protect your interests.
3. **Include a "successor in interest" clause.** This clause will determine if and how the existing bylaws will survive in case of a merger. In other words, it prevents the new entity from forcing its own bylaws on the medical staff.
4. **Become involved in a merger/acquisition as soon as possible.** Medical staffs that have become active in negotiations on the ground floor are much better off than those who jump in after the fact. If you learn of a possible merger taking place at your facility, now is the time to get involved.

Buyout agreements can be boring, tedious and laboriously detailed – unless it's *your* buyout agreement, says OSMA-OMSS Chair Steve Severyn, MD. Pay attention now – or pay the consequences later.

What You Can Do: For a copy of "Merging Medical Staffs," prepared by Elizabeth Snelson, JD and/or a copy of "Medical Staff Mergers," the report adopted by the AMA-OMSS Governing Council, call the *OHIO Medicine* reader information line at 1-(800) 766-6762, Ext. 228 and ask for Item #22 (Snelson's outline) and/or Item #23 (the report). ■

OHIO Medicine Advertisers

Air Force Reserve....9
Annashae Corporation....3
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Holzer Clinic....19
John R. Irwin, MD....10
The Insurance Center....8
Kentucky Medical Insurance Co....5
Maryhaven, Inc.....19
Med-Econ, Inc....12
Med-First, MD....12
Med Pro/Frontier Insurance Co....14
Medical Inter-Insurance....17
Medical Protective Co....18
MediSoft....16
Mutual Assurance....2
Ohio Air National Guard....13
Omnia, Inc....15
OSMA Insurance Agency....11
PIE Mutual Insurance Co....20
The Premium Group....7
Sleep Medicine Research Foundation....19

County medical society news

County medical execs recognized

Retiring county Medical Society Executives **Nancy Adams** of Stark County and **Dick Tapia** of Montgomery County received a standing ovation from delegates at the OSMA Annual Meeting held in Columbus in May. Adams has been with the Stark County Medical Society since 1979. Her last day will be Dec. 24. Tapia, who will retire in early 1998, has been with the society for 27 years, serving as executive director for 19 years.

Lucas County

■ The Academy of Medicine of Toledo and Lucas County is going ahead with its implementation of a low-cost health-care program – Physician-Business Health Plan (PBHP) – with some issues still to be resolved. The two issues that need to be resolved are: physician providers and prescription drug benefits.

The Mercy Health System PHO has contracted with Family Health Plan to provide care through its PHO member-physicians and has been unwilling to accept any non-PHO physicians. The academy and PBHP hope to eventually include any willing physician providers.

Plans to use Kroger pharmacies to provide prescription drug benefits had to be scrapped after learning that Kroger's involvement could be viewed as a violation on insurance regulations. Alternative plans are being pursued. Physicians are being encouraged to offer samples whenever possible.

Franklin County

■ The Columbus Medical Association Alliance members recently threw a pizza party for contest winners at Koebel Elementary. To help teach violence prevention, the Alliance distributed 5,000 "Hands Are Not for Hitting" placemats to Columbus schools. Students were asked to creatively think of uses for hands, other than hitting. ■

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A Publication of the Ohio State Medical Association

Education to be key in chronic pain treatment

■ *With the passage of the chronic pain bill, doctors will need to update their skills in palliative care. The OSMA will help.*

When the U.S. Supreme Court decided that terminally ill patients do not have a constitutional right to physician-assisted suicide, the question of how to treat these patients was thrown back onto the medical profession. With the passage of Ohio's chronic pain bill (House Bill 187), the state's physicians will now have someplace to turn for answers.

Not all chronic pain patients are terminally ill, of course, but living daily with pain is often considered to be the reason many patients request to die.

House Bill 187 focuses on palliative care, and requires the State Medical Board of Ohio to: "Adopt rules establishing standards for physicians in the treatment of intractable pain, including standards for managing intractable pain by prescribing, dispensing or adminstering dangerous drugs in amounts that may not be appropriate when treating other

See **PAIN** *page 3*

Two Ohioans capture AMA board seats

Herman I. Abromowitz, MD, Dayton, was elected to a four-year position on the American Medical Association's board of trustees. The election took place at the AMA's Annual Meeting, held in June in Chicago.

Andrew Thomas, MD, Columbus, was also elected to fill the resident position on the AMA board. His position is for one two-year term.

Other OSMA delegates elected to office include: Stephen House, MD, Dayton, member-at-large, Governing Council, AMA Organized Medical Staff Section; Steve Stack, Columbus, speaker, AMA Medical Student Section; Heidi Dunniway, MD, Columbus, vice chair, Resident Student Section; and Colette Willins, MD, alternate delegate to the AMA House, Young Physicians' Section (YPS). Dr. Willins served formerly as an alternate delegate to the YPS from the American Academy of Family Practice.

For more information on the AMA Annual Meeting, see the related story on p. 10.

Dr. Abromowitz

Dr. Thomas

Toledo Academy kicks off plan for uninsured

On July 1 a new physician-led health-care plan that offers health coverage to the working uninsured population in Lucas County became a reality. The project is a cooperative effort of the Academy of Medicine of Toledo and Lucas County and numerous community organizations. Coverage will begin in September.

ı-Business Health Plan
lesigned for employees
r in a company) that have not been offered health-care coverage in the last 24 months. Family Health Plan, Inc., will administer PBHP, providing an opportunity for Lucas County's estimated 30,000 working uninsured who meet specified requirements to obtain health insurance through their employers.

The term "working uninsured" refers to those individuals not currently enrolled in employer-sponsored health plans. They cannot afford private insurance and do not qualify for public assistance. This population often seeks medical treatment in high-cost environments.

David Grossman, MD, representing the academy, has been instrumental in the development of this initiative and says, "The idea for a cooperative physician-based health plan has the potential to help a great deal of people in the Toledo area. We want to make health care accessible to everyone." The academy received a grant from the Robert Wood Johnson Foundation to develop PBHP.

Other participants in this initiative are the Hospital Council of Northwest Ohio, the Toledo Area Chamber of Commerce, Toledo and Lucas County health departments and other community-oriented health-care agencies.

What You Can Do: Employers who wish to obtain more information about PBHP may contact Family Health Plan at (419) 251-0005. ■

OSMA hosts Workers' Compensation seminars

If you're a physician who sees Bureau of Workers' Compensation (BWC) patients, chances are you've had questions about the bureau's new managed-care initiative – the Health Partnership Program (HPP). In September, the OSMA will answer your questions through a series of seminars the association is sponsoring across the state.

Entitled "The BWC HPP: Transitioning Theory Into Reality," the half-day seminars will describe the roles and responsibilities of physicians in the HPP, and answer legal, billing and operations questions.

Speakers for the conference will include attorneys, a billing expert and representatives from the BWC. Upon completion of the program, physicians will be able to:

- Define the mission of the HPP.
- Discover what is being done to streamline the form requirements and payment processes.
- Discern the difference between the new alternative dispute resolution system and the "old way" of handling medical disputes.

The seminars, which cost $85 for OSMA members and $135 for nonmembers, will be held at the following locations:

- Sept. 9 – Holiday Inn Eastgate, Cincinnati
- Sept. 10 – Crowne Plaza Dayton
- Sept. 17 – Crowne Plaza Toledo
- Sept. 18 – Holiday Inn Independence
- Sept. 23 – Canton Hilton
- Sept. 24 – Concourse Hotel, Columbus

A training manual and reference book that addresses commonly asked questions about the HPP will be available to those physicians who are unable to attend the conference. For more information or to register, contact Maria Bond, OSMA Division of Legal Affairs, at 1-(800) 766-6762, Ext. 123. ■

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Photo by Karen Kirk

Governor Signs MCULA

The Managed-Care Uniform Licensure Act, which became law in June, establishes uniform licensure for Ohio's managed-care organizations. Witnessing the signing of the bill are (front row from left): Sen. Karen Gillmor (R-Old Fort); Gov. George Voinovich; Hal Duryee, director, Ohio Department of Insurance; (back row from left): Teresa Long, MD, immediate past president, Columbus Medical Association; Tim Maglione, director, OSMA Department of Legislation; Kip May, deputy director, ODI; and Rep. Dale Van Vyven (R-Sharonville).

PAIN...*from page 1*

medical conditions." Further, the new law provides that a physician is subject to discipline for treatment of intractable pain with dangerous substances only if the physician fails to comply with the requirements imposed by the bill or the rules adopted by the board.

The OSMA supported the bill and was instrumental in removing a provision that would have mandated physicians to enroll in continuing medical education courses on pain control. As a trade-off, the association agreed to develop, print and mail a pain-control educational handbook to all Ohio physicians (not just those who are OSMA members). Physicians will read the material and complete the test in the handbook to receive CME credit. The OSMA will compile the results of the tests and provide a report to the Legislature within two years.

In addition, the OSMA is working with representatives of the OHA: The Association for Hospitals and Health Systems, and the Ohio Hospice Organization to develop a more comprehensive educational campaign that would deal with a wide spectrum of end-of-life decisions as well as palliative care. Watch *OHIO Medicine* for more details on the handbook and how to obtain a copy.

What You Can Do: If you have questions about the bill or would like more information, contact Krista Bistline, political affairs coordinator, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 223. ■

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Radiation shields defective

Regulatory Watch

A number of shields that are used to protect against radiation have been found to be contaminated, leading the Ohio Department of Health (ODH) to urge physicians to discontinue their use. The shields in question include lead aprons, thyroid shields and gonad shields manufactured after Oct. 1, 1996.

Apparently, the products were manufactured using a low grade of lead from a mine in Brazil, and contain small quantities of lead-210, bismuth-210 and polonium-210 – impurities that are usually removed when processing pure lead.

Although there is only a very small potential for exposure to radiation from the affected products, the ODH is urging physicians to discontinue their use, in accordance with standard radiation safety practices. In cases where no alternative shielding is available, these products may continue to be used until replacements are obtained, since they provide greater protection than using no shielding.

If you purchased a contaminated shield, you should have received a notice from your supplier.

If you have questions, contact the Ohio Department of Health, Bureau of Radiation Protection, at (614) 644-2727, Nuclear Materials Program.

SOCIAL SECURITY ADMINISTRATION

Definition of disability changes... Children and other certain groups of people who are currently eligible for Supplemental Security Income (SSI) may no longer qualify under new federal welfare-reform legislation.

Specifically, the definition of disability has changed, and children must now have a medically determinable physical or mental impairment that results in severe functional limitations. Previously, the disability determination was based on an individualized functional assessment. If individuals lose their SSI eligibility because they no longer meet the definition of disability, Medicaid benefits may continue during the SSI redetermination process and during any subsequent timely appeal to the Social Security Administration. Ohio has up to 120 days to process redeterminations of Medicaid eligibility relating to individuals who have lost SSI. ■

Inside

■ **ODH'S NEW MEDICAL DIRECTOR,** Virginia Haller, MD, believes strongly in collaboration, and wants OSMA members to become part of the team through their input...**8**

■ **ENGLISH-PROFICIENCY TESTS** for international medical graduates applying for a license in Ohio are woefully inadequate, say members of the State Medical Board of Ohio...**9**

■ **OHIO RESOLUTIONS** fared well at the AMA House in June. Five resolutions were adopted and one was referred to the AMA board for a decision...**10**

■ **REFUSING TO SETTLE LAWSUITS** could pose a problem for you if the plaintiff has been awarded a prejudgment interest. The Ohio Supreme Court recently ruled in one case that the physician was responsible for the $100,000 award...**12**

■ **COMMUNITY SERVICE** benefits the community, sure, but did you ever stop to think how it could help the profession of medicine?...**13**

■ **CREDENTIALING FEES** continue to be a problem for Ohio physicians. The Physician-Health Plan Partnership Act may change that by requiring the Ohio Department of Insurance to mandate use of a standard credentialing form...**14**

■ **EARN CME ON THE INTERNET** through CME WebCredits, which currently provides two courses. Cost is $35 for 1.5 hours of Category 1 CME. And you don't even have to leave home...**14**

■ **PHARMACISTS' SCOPE OF PRACTICE** would increase substantially if a new bill is passed. The measure authorizes "consent agreements" in which a pharmacist would manage a patient's drug therapy in cooperation with a physician...**15**

Need More Information?

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- Item #24 – Medical societies and unions

Health-care legislation status report

The following is a status report of health-care legislation monitored by the OSMA.

Bills Passed

Tattooing (House Bill 25)

This bill regulates those businesses that offer tattooing or body-piercing systems by granting local boards of health the ability to approve these operations.

OSMA Contact: Marla Bump, Ext. 222

OSMA Position: Support with technical assistance

Pain Control (House Bill 187)

See story on page 1.

OSMA Contact: Krista Bistline, Ext. 223

OSMA Position: Support with technical assistance

Insurance Portability (House Bill 374)

This bill, sponsored by Rep. Dale Van Vyven (R-Sharonville), provides for the implementation of the federal Health Insurance Portability and Accountability Act, the Kassebaum-Kennedy bill, passed last year by Congress. House Bill 374 includes changes to the large group, small group and individual health-care markets. Ohio's new law specifically:

- Provides for maximum pre-existing condition exclusions of 12 months for large groups as well as small groups and individual health-care markets.
- Allows portability for individuals who switch their health-care coverage. These individuals are not required to serve an additional exclusionary period with their new plan.
- Expands the definition of "eligible medical expense" for an MSA to include money spent on transportation to the health-care facility and money spent on lodging due to receiving medical care at a nonlocal hospital.
- Expands the requirement for insurers to provide coverage for follow-up care to mothers and newborns within 72 hours after discharge.

OSMA Contact: Nick Lashutka, Ext. 226

OSMA Position: Under advisement

Domestic Violence Insurance (Senate Bill 70)

This measure prohibits insurers from canceling or refusing to issue or renew any life or health-insurance policy or contract because the applicant or insured is a victim of domestic violence.

OSMA Contact: Nick Lashutka, Ext. 226

OSMA Position: Active support

Bills Introduced

(Positions, staff contacts not yet determined)

Emergency Services (House Bill 475)

Replaces the State Board of Emergency Medical Services with the State Board of Fire and Emergency Medical Services, and specifies procedures to be followed by the board in renewing the certification of emergency medical technicians.

Status: House State Government Committee

Laboratory Licensure (Senate Bill 131)

Requires licensure of all clinical laboratory personnel. The bill establishes seven licensure categories and specifies the activities that each license authorizes, along with supervision requirements.

Status: Senate Health Committee

Alternative Treatments (Senate Bill 138)

Permits physicians to use alternative medical treatments if the risks are comparable to benefits that may be derived from the treatment. Also requires informed consent and consistency with the standards enforced by the State Medical Board of Ohio.

Status: Senate Health Committee

Bicycle Helmets (Senate Bill 143)

Requires children under age 18 to wear protective helmets when operating a bicycle – reintroduced this session by Sen. Grace Drake (R-Solon). Similar legislation nearly passed last year. In addition to the helmet mandate, Senate Bill 143 also establishes the Bicycle Safety Fund to help low-income families purchase bicycle helmets.

Status: Senate Highways & Transportation Committee

Child Deaths (Senate Bill 150)

Creates a review system that would systematically and objectively review all deaths of any youth under the age of 18 years. Local review boards would report their findings to the Ohio Department of Health, with only limited information reported to law-enforcement agencies. Review boards would include a pediatrician or family practitioner.

Status: Not referred as of press time

Financial Disclosure (Senate Bill 476)

Requires nonprofit health insurance corporations and insurers, as well as nonprofit hospitals, to report annually the salaries of their directors, chief executive officers and five highest-paid employees. The bill also requires these entities to report amounts paid to independent consultants.

Status: House Insurance Committee

For updates on other health-care bills pending in the Ohio Legislature, see the "Legislative Roundup" on p. 15.

What You Can Do: If you have questions or need more information on any of the bills mentioned, contact the OSMA Department of Legislation at 1-(800) 766-6762. An OSMA staff member is listed as the contact for each bill except for those bills that have been introduced recently. ■

Medicaid behavioral coverage continues

Physicians who treat Medicaid patients who need mental health or drug- and alcohol-addiction services should know that, in light of the fact that the state's carve-out program has been put on hold, reimbursement will continue as before.

In July, *OHIO Medicine* reported that a federal judge nullified the state's choice for a company to provide mental health and drug- and alcohol-addiction services for its much-touted Medicaid carve-out program.

The judge found that the state violated numerous state and federal procurement regulations when it recommended that the contract – estimated to be worth $175 million – be awarded to Ohio Behavioral Health Partnership of Columbus and Norfolk, Va. (For an example, Ohio Behavioral was allowed to secretly amend its proposal, thus allowing it to submit a more competitive bid.)

For physicians, that means that services will continue to be reimbursable through the existing payment relationships, that is:

- The Ohio Department of Human Services (ODHS) will continue to reimburse general hospital providers for inpatient mental health services, inpatient detoxification services and outpatient mental health and alcohol- and other drug-addiction services.
- The Ohio Department of Mental Health will continue to reimburse freestanding state and private psychiatric hospital providers for inpatient psychiatric services.
- When the Medicaid consumer is a member of a Medicaid contracting HMO, the HMO will continue to be responsible for assuring that medically necessary behavioral health services are provided as covered by the ODHS.
- The ODHS will continue to reimburse noninstitutional Medicaid providers, i.e., physicians, psychologists and clinics.

The state has been allowed to resolicit bids for the contract, but the process will be overseen by an independent monitor. *OHIO Medicine* will advise physicians of any changes.

What You Can Do: If you have questions about treating patients with Medicaid coverage, contact the Medicaid Consumer Hotline at 1-(800) 324-8680. ■

Statewide credentialing supported

■ *The Group Practice Section sent a letter to county societies showing support of the program.*

When the Governance Committee of the Group Practice Section (GPS) held its inaugural meeting recently, the first item on its agenda was "old business."

Group Practice News

For two years, a subcommittee of the Group Practice Advisory Committee (GPAC) studied credentialing applications from various managed-care firms, from the county medical societies of Cleveland, Cincinnati and Columbus, and from the OSMA's former Hospital Medical Staff Section before creating its own standard credentialing application. That application form was approved by the OSMA Council in 1995, and the OSMA began to market it as a useful tool in the credentialing process.

Then, in May, the OSMA House of Delegates adopted a resolution that called on the association to work with the counties to develop a statewide credentialing program.

The Governance Committee agreed to send a letter to the county societies, stating that the GPS "supports and encourages the expeditious development of a statewide credentialing program through county medical societies and offers its assistance and counsel to the ensuing program." However, the section will continue to distribute the GPS's credentialing form upon request.

OSMA staff will survey recipients of the current credentialing application (insurance companies and hospitals) to determine the acceptance of the form and will report back to the committee. (For a related story, see p. 14.)

EDUCATIONAL MEETING

Committee members agreed that future GPS educational meetings should focus on timely issues beneficial to both business/medical professionals, and discussed the need for information on the use of electronic technology in patient care and management.

To address this need, the OSMA is promoting an educational activity sponsored by The PIE Mutual Insurance Co., entitled "Telemedicine and the Electronic Medical Record," which will be held Sept. 27 at the Hyatt Regency Convention Center, Columbus. (See "Educational Opportunities" on p. 15 for more details.)

Douglas Longenecker, MD, of the Governance Committee, has been selected to serve on the OSMA Committee on Education to provide his expertise in developing continuing medical education initiatives.

AMBASSADOR PROGRAM

Members of the GPAC and staff are developing an "ambassador" program in an effort to recruit more groups into the OSMA GPS.

The hope is to solicit physician leaders who are GPS members, as well as OSMA Councilors, to meet with eligible nonmember groups to discuss the benefits of membership in the OSMA Group Practice Section.

According to Susan Rupli, director, OSMA Group Practice Services, "We want to expand the program beyond staff to include physician leaders, who tend to relate better with other physicians." ■

Miscarriages to be tracked

Miscarriages that occur before the 20th week of pregnancy will soon be recorded by the state of Ohio.

An estimated 500,000 miscarriages happen annually nationwide, but physicians don't know what causes half of them. A registry is expected to shed some light on why miscarriages occur.

The registry will be operated much like the state's existing cancer registry, which was established in 1992. The miscarriage registry, which is expected to start in six months, will collect data by county.

In addition, the Ohio Department of Health will conduct epidemiological studies to determine what factors (genetics, occupation, environment, etc.) are linked to miscarriage. Educational programs may also be offered.

Sens. Grace Drake (R-Solon) and Karen L. Gillmor (R-Old Fort) created the language for the registry, which may be the first of its kind in the nation. ■

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ODH's medical director believes in collaboration

■ *Dr. Haller encourages multiple perspectives, input from organized medicine.*

Dr. Haller

To Ohio physicians concerned about the recent appointment of William Ryan, a nonphysician, to head the Ohio Department of Health (ODH), Virginia (Ginny) Haller, MD, the ODH's new medical director, has this message:

"I want to reassure them. The director and I will work closely together. There may be differences, but I'm confident we'll be able to reach a compromise on any point over which we disagree. I'm a firm believer in collaboration. I don't believe people operate well when they function in isolation."

TEAMWORK ESSENTIAL

Dr. Haller has been a team player most of her career. A board-certified pediatrician, she arrived in Columbus after receiving her medical degree from the Hershey College of Medicine at Pennsylvania State University, and has been in Columbus since.

The ODH is not exactly uncharted territory for Dr. Haller. She worked in the department seven years, initially as a program administrator of the Perinatal and Infant Health Program, and later as chief of the Bureau of Maternal Child Health. She also served as the department's staff medical consultant. In addition, Dr. Haller has operated her own consulting company and chaired the Ohio Task Force on Drug-Exposed Infants, she serves as clinical associate professor of pediatrics at the Ohio State University, and recently left a position as medical director for United HealthCare of Ohio.

PERSPECTIVE SOUGHT

What all that experience adds up to, says Dr. Haller, is an ability to look at the big picture, to put events and issues into perspective. It's the same reason she is a strong advocate of organized medicine.

"Groups like the OSMA provide multiple perspectives on a topic," she says. Without this exposure, physicians have only a limited view of what is often a complex subject. "That's why I'd like to see more physicians become involved in organized medicine," she says. "Medicine needs to hear everyone's view."

Dr. Haller looks forward to working with Ryan, the new ODH chief. "He has excellent management skills," she says. "He knows how to build and work with a team." She also likes the variety her new job offers. "I can become involved at several different levels – legislative, scientific, public relations, public speaking."

She will report directly to Ryan, and will advise him on public health policy issues, as well as other matters that directly affect the health care of Ohio citizens. One of her goals, she says, will be to elicit more meaningful consumer input for the department. "Both as patients and as citizens, Ohioans have a lot to say about how different health-care systems work. I'd like to hear from them." Dr. Haller also envisions working with businesses involved with managed care. "We can show them how to look at employees as population groups."

She says she'll know she's been successful at her job, "When I can see things happening between groups that never happened before."

That definition seems to come, naturally, from her spirit of teamwork and close collaboration, her openness and willingness (even eagerness) to listen to all viewpoints. "A lot of success depends upon the individual, though," she says.

If that's true, then testimony from past and present colleagues (see sidebar below) indicates that, where Ginny Haller is concerned, the ODH has a success story in the making.

What You Can Do: Dr. Haller says she would like to hear from OSMA members who may have ideas or concerns about the programs of the ODH. She can be reached at (614) 466-2253. ■

What colleagues have to say about Ginny Haller, MD

Ryan

"Ginny Haller has an ability to look at health-care policy from a number of different perspectives – consumer, business and medical – and she works hard to reach a consensus. The breadth of her experience, along with her thoughtful, solid advice, is what makes her such a unique package. She brings to this position a broad clinical background, in addition to her public policy perspective, and that fills what some may consider a hole in my resume, as the first nonphysician director of the Ohio Department of Health. I feel lucky to have her on board."

– William Ryan
Director, Ohio Department of Health

"I have been privileged to interact with Ginny in a number of professional capacities. I'm thrilled that she has been given this new medical leadership role. She's an outstanding, knowledgeable physician, has a clear view of the important interface between public health and the practice of medicine, and is a delightful person."

– Antoinette Eaton, MD
Corporate Director, Governmental Affairs
Columbus Children's Hospital

Dr. Johnson

"Virginia Haller's training and experience in public health, preventive medicine and pediatrics make her an ideal person for this position because each gives her insight into areas of responsibility that she'll have to deal with on a day-to-day basis. Her experience in managed care also positions her to deal with opportunities regarding the changes that are occurring in our health-care delivery system. She will have a better understanding of how government agencies, private practitioners and third-party payors all need to work together to accomplish health-care changes and to maintain the quality of care that is ultimately the goal for all of us."

– Owen Johnson, MD
Medical Director, United HealthCare of Ohio

Board criticizes English-proficiency testing

Medical Board Report

A service that tests physicians for their proficiency in written and oral English is so inadequate, say members of the State Medical Board of Ohio, that they are considering developing their own test.

At its May meeting, members of the board expressed their frustration with the Educational Testing Service (ETS), saying that requests for pass/fail rates of physicians have gone unanswered by the service. At issue for the board is only the ability of physicians to speak English, since an individual who has passed the various licensing examinations has shown proficiency in written English.

In particular, members voiced concerns over a "gray" area established by the ETS, in which marginal candidates are placed – that is, physicians who neither pass nor fail the oral English test. Since 1987, those physicians have been tested by the medical board to determine if licensure should be granted. Thus far, not a single physician has failed, leading board members to remark that a better way of measuring physicians' proficiency must exist.

While the board made no definitive plans, Thomas Gretter, MD, secretary of the board, strongly urged the board to develop an alternative to the test, and board member Anita Steinbergh, DO, suggested the test be discussed at the 1998 meeting of the Federation of State Medical Boards.

OF NOTE...

HBV/HIV reporting rules changed... The OSMA and other professional groups presented written testimony at a public hearing of the board's HBV/HIV reporting rules, and asked the board to reconsider its definition of "invasive procedure." The OSMA objected to the board's definition, saying that it is so vague that it includes virtually all physicians. The OSMA suggested the board adopt the Centers for Disease Control's definition, which is much more explicit in its scope and leaves little question as to who may be at risk for transmitting HBV/HIV. The board accepted the revision and sent it to the Joint Committee for Agency Rule Review for approval.

Subpoena brochure approved... The board has prepared a brochure that will be sent to physicians along with subpoenas. The brochure is meant to answer physicians' questions about the release of patient records. For example, a physician does not need to get a release from a patient when the board subpoenas medical records, because the Ohio Supreme Court has said that the board may access such information without violating the physician-patient privilege. The brochure also outlines when the board requires original medical records and when it may accept copies.

Position paper on office anesthesia OK'd... The board has approved a position paper entitled "Use of Anesthesia in the Office Setting," drafted by the Scope of Practice Committee. Physicians who would like a copy of the paper should contact the State Medical Board of Ohio at 77 S. High St., 17th Floor, Columbus, OH 43125, (614) 466-3934

What You Can Do: If you have questions about the medical board, contact the OSMA Division of Legal Affairs at 1-(800) 766-6762. ■

AMA Meeting highlights

Physicians put practice expense rule on hold

The AMA House of Delegates supported the decision to continue its fight in Congress for a one-year delay of the government's proposed practice expense rule, set to take effect Jan. 1, 1998.

The new rule would increase practice expense payments for services performed in a doctor's office and reduce reimbursement for procedures done in a hospital. Delegates endorsed the AMA's decision to base the new values on the actual resources involved in the provision of physician services.

Under the new rule, specialists would see their reimbursement decrease, while primary care physicians would see their payments increase. The American Academy of Family Physicians, which has the most to gain from the new rule, supports the AMA's decision in the "interest of keeping American medicine together."

"This is not a delay tactic to make it go away, but to do it right," Daniel H. Johnson, MD, AMA immediate past president, told *AMNews*. "What we want to do is delay the implementation...until the numbers make sense to us."

ABORTION STANCE

After a heated five-hour debate pitting specialty organizations as well as delegations against each other, the AMA delegates stood behind its board of trustees' endorsement of federal legislation to ban a controversial late-term abortion procedure called "intact dilation and extraction."

COLLECTIVE BARGAINING

Delegates called on the AMA House to remove restrictions for physicians to form collective bargaining units in order to negotiate reasonable payments for medical services and to compete in the current managed-care environment.

Currently between 14,000 and 20,000 physicians nationwide belong to unions, according to AMA estimates. Residents employed by hospitals account for slightly less than half that total.

The AMA is creating a new division to lead its lobbying effort for long-range legislation relief on collective bargaining and to assist state and county medical societies in forming their own unions.

TOBACCO PROPOSAL

A task force was appointed to use the AMA's more than 80 existing anti-tobacco policies as a yardstick to measure the public health impact of the recent tobacco industry settlement agreement.

The task force will consist of expert representatives from state medical associations, specialty and service societies, and the AMA's councils and sections to review the settlement and advise the board on what the AMA's response should be.

AMA MOURNS DR. TODD

The celebratory air of the AMA's 150th anniversary was dampened by the loss of one its leaders. James S. Todd, MD, 65, surgeon and former executive vice president of the AMA, died on June 24 in New Jersey.

Dr. Todd, who was fond of saying that organizing physicians was akin to herding cats, successfully directed the AMA through a time of stress and change in the medical profession and did much to securely position the AMA as the leading force of medicine.

AMA President-Elect Nancy W. Dickey, MD, said, "Dr. Todd was an ardent spokesperson for the medical profession and a passionate advocate for patients. At a time when the nation's elected leaders were debating how to reform the country's health-care delivery system, Dr. Todd stepped forward as a statesman for medicine who articulated the profession's prescription for the future with common sense and a recognition that the status quo was no longer acceptable."

To see how the Ohio resolutions fared, see the related story below. ■

(Compiled from AMNews and newspaper clippings.)

Ohio delegation takes resolutions to AMA House

The following is a report of those resolutions taken by the Ohio delegation to the AMA Annual Meeting.

Inappropriate Managed-Care Penalties for Physicians' Prescription Practices

Calls for the AMA to amend its Policy 285.965 to specifically state that physician penalties for noncompliance with a managed-care formulary in the form of deductions from withholds or direct charges are inappropriate and unduly coercive, and to incorporate the intent of Policy 285.965 in any pending or future legislation dealing with managed-care reform.

HOD Action: Adopted

Use of Restraints

Calls for the AMA to urge the JCAHO to create guidelines for the appropriate use of sitters and chemical and mechanical restraints, with input from consultant physicans and nurses who are actively engaged in practicing medicine in the hospital setting, so that they may ensure that each patient receives medical treatment without increased risk of preventable injury and without excessive and unnecessarily increasing demands on nurses and without inappropriate, excessive documentation chores that interfere with the medical care for all hospitalized patients. Testimony explained the complexity of physician decision-making involved in determining whether to use or not use restraints. It outlined many problems with the JCAHO Standards in effect since 1996. JCAHO found the testimony very useful and would be pleased to review and revise the Standards in consultation with the medical community.

HOD Action: Substitute resolution adopted

Opposition to Intact Dilation-and-Extraction Procedure

Calls for the AMA House of Delegates to request the Council on Ethical and Judicial Affairs to consider the issue of postviability pregnancy terminations in normal fetuses.

HOD Action: Adopted

Home Health-Care Reform

Calls for greater physician involvement in home health care, specifically urging careful physician review of all orders for home health services. Also, calls for the AMA to educate physicians on the new federal anti-fraud and abuse provisions contained in the Health Insurance Portability and Accountability Act of 1996. The resolution also calls on the AMA to petition HCFA to require clear and understandable language and/or abbreviations and readable print in initial and renewal orders for home health-care services.

HOD Action: Amended substitute resolution adopted

Discouraging the Use of Pins in the Clothing Industry

Asks the AMA to encourage clothing manufacturers to avoid the use of sharp pins to secure shirts and other garments in order to prevent injury.

HOD Action: Not adopted

Public Service Announcements

Directs the AMA to actively and aggressively educate the profession and the public, through television and radio public service announcements, about the impending Medicare crisis. These announcements are to clearly state the AMA's position and willingness to help resolve the problem. However, several delegates questioned whether a public service announcement, as proposed in the resolution, was the best strategy to use, and proposed, instead, that communication efforts need to be coordinated and focused to have the best impact.

HOD Action: Referred to board of trustees for decision

Reasonable Charge for Preauthorization

This substitute resolution, which combined three resolutions, asks the AMA to strongly support and advocate fair compensation for a physician's administrative costs when providing service to managed-care patients. It also asks the AMA to study the issue of coverage, payment and coding for these administrative services, and to report on these subjects at the 1997 Interim Meeting.

HOD Action: Substitute resolution adopted

Two other resolutions: **Resolution 733 – Utilization Review of Patient Care as Part of the Practice of Medicine** was withdrawn; and **Resolution 127 – Medicare Skilled Nursing Requirements** – reaffirmed existing AMA policy. ■

Doctor finds malpractice coverage falls short

■ *The Ohio Supreme Court rules that the physician's insurer isn't liable for a $100,000 award.*

If you refuse to settle a lawsuit and your action results in the plaintiff being granted a prejudgment interest award, you should be warned that you may be responsible for paying that award yourself.

At least, that's the situation one Ohio physician recently found himself in, when his insurer refused to pay the prejudment interest portion of the award and the Ohio Supreme Court agreed that the insurer was not liable.

In *Lovewell vs. Physicians Insurance Company of Ohio* (PICO), a patient filed a malpractice lawsuit against his physician.

As provided for in his contract with PICO, the physician exercised his right to prevent PICO from entering into any settlement without his consent.

PREJUDGMENT INTEREST AWARDED

While the patient won the case, he requested – and was granted – more than $100,000 for prejudgment interest, an award that is allowed under Ohio law when a party or representative of a party fails to make a good-faith effort to settle a lawsuit (it is not a damage award and does not indicate negligence in providing medical services or care). Prejudgment interest may be awarded when a defendant doesn't fully cooperate with discovery, refuses to respond to the plaintiff's settlement offer or unnecessarily delays any proceedings.

CONTRACT DOESN'T IMPLY COVERAGE

When the physician asked PICO to cover the prejudgment interest award, the insurer responded that it was not liable since the physician's refusal to settle the lawsuit most likely resulted in the award being granted.

A court of appeals sided with the physician, saying that the language under "Medical Incident" of the physician's contract was broad enough to include prejudgment interest awards.

The Ohio Supreme Court, however, recently ruled that the language in the physician's contract did "not purport expressly, or by implication, to provide coverage for an award of prejudgment interest."

Further, the court wrote: "We hold, therefore, that where an insured exercises a contract right to preclude an insurer from entering settlement negotiations, where the contract of insurance contains neither an express provision of coverage nor an express exclusion of coverage for a prejudgment interest award, and where the trial court finds a failure to exercise good faith under R.C. 1343.03(C), no coverage for a prejudgment interest award shall be implied under the contract."

The case is an interesting one, says Nancy Gillette, JD, OSMA counsel, because the outcome probably wouldn't have been anticipated by most physicians. To avoid a similar situation, physicians should follow some basic advice:

"Physicians should always carefully read their liability contract coverage wording," Gillette says. "Sometimes a doctor will refuse to settle a lawsuit as a matter of principle, but it could cost you in the end – as it clearly did in this case – if you aren't fully aware of the limits of your contract." ■

Community service has it rewards

■ Think of the impact the 15,000+ members of the OSMA could make if everyone volunteered.

As physicians, we are one of the most highly educated groups in the country.

Society benefits from our knowledge and expertise through the care we provide to our patients and the peace of mind we often bring to their families.

But with the demands of our profession and with the frenetic pace of our lives, we can lose sight of another, more basic, way to contribute to society.

Albert Einstein once said, "The aim of education must be the training of independently acting and thinking individuals, who, however, see in the service of the community their highest life problem."

I know that there are many physicians who become involved in their respective communities, and, in many instances, in volunteer activities in the global community, including those who work in medical missions. But there are many more of us who, for a variety of very good reasons, are not involved.

I firmly believe that, as physicians, we have a responsibility, a duty, to find time for community service. Think of the impact the 15,000 members of the OSMA could have if we started making the time for this activity in our lives!

Su-Pa Kang, MD

Whether our involvement is one-on-one, as in working with troubled youth or lonely nursing home residents, or it is in organizing or contributing to campaigns to help provide the comforts of home to displaced battered women or to bring cultural events to the community, we can make a difference.

And these activities would enrich our lives in so many ways. Certainly, our communities would benefit. For there is always a shortage of people who are willing to roll up their sleeves and work for a good cause. Furthermore, as physicians, we have many of the qualities that community leaders are looking for: We are hardworking, dedicated and knowledgeable.

As individuals we could certainly benefit on a personal level from the contributions we make.

Physicians who volunteer in their community bring increased visability to our profession. But there is another benefit to be gained as well, and that benefit is to the profession of medicine.

When local residents get to know you, not as a physician, but as a caring, involved volunteer who is working to add to the quality of life in the community, all doctors will benefit.

To all of you who are volunteering in your community, I commend you. To those of you who aren't, start exploring the opportunities in your area. You, your community and the profession of medicine will benefit.

Update: Some of you may remember that, upon taking office, I pledged to bring in one new OSMA/county society member a month during my tenure in office. This month's new members, both from Toledo, are Michael H. Basista, MD, and Madhukar Kaw, MD. Please write and let me know about your recruitment efforts so we can acknowledge you. Send your letters to: *OHIO Medicine*, 1500 Lake Shore Dr., Columbus, OH 43204-3891.

Also, I would like to hear about how community service has affected you. Send letters to the above address. ■

Screening facility scrutinized

The Academy of Medicine of Cleveland has been contacted by the public and physicians regarding a company known as Lifeline Screening. After careful review and evaluation, including a personal interview with representatives of Lifeline Screening Company, the Academy of Medicine of Cleveland has reached these opinions and issues the following statements for informational purposes:

- Lifeline Screening is a private, for-profit enterprise run by a group in Florida.
- Personnel performing the screenings in this area were not certified in vascular testing at the time of our meeting with Lifeline representatives.
- Lifeline Screening is not a certified laboratory, it is a screening facility.
- The examination performed by Lifeline Screening is not the same examination you would receive in a hospital setting.
- At this time, the representatives of Lifeline Screening have no data that relates or attests to quality control or accuracy of the screening.

These comments and observations are based upon our interview with the Lifeline Screening representatives and background information that was reviewed by physicians. The decision to utilize this screening service is up to the individual patient, says Edward C. White, MD, chair, Peer Review/Medical & Surgical Committee, Academy of Medicine of Cleveland. ■

Physicians balk at credentialing fees

■ *Networks are demanding more of physicians' time, staff.*

Tired of being gouged – for time and money – physicians around the state have been registering complaints with the OSMA about networks that require physicians to fill out lengthy recredentialing forms – then pay for the privilege.

"Physicians' complaints, I believe, are completely valid," says Bill Fry, OSMA Ombudsman, who has been fielding physicians' complaints. "I think this is a very dangerous precedent. It may be only a nominal fee now, but what can a physician expect in the future? To ask doctors to carry a network's administrative costs is unacceptable."

PAPERWORK OVERWHELMING

David Fredericka, MD, a Warren cardiologist, is just one physician who has been frustrated by the new trend.

"I belong to 50 different plans," says Dr. Fredericka, "and the amount of paperwork that I'm required to file is overwhelming. We're essentially doing their paperwork and now they want us to pay for it."

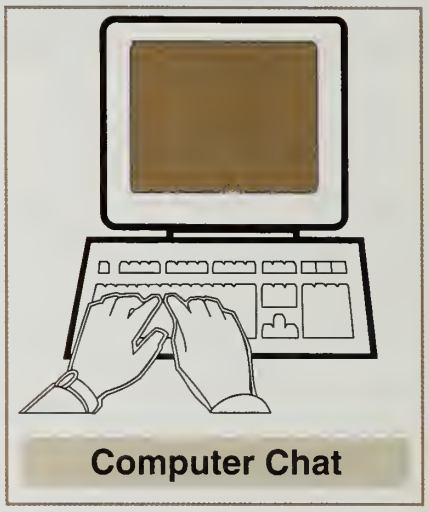
While Dr. Fredericka met a network's recent request to file a recredentialing questionnaire, he did not remit the requested fee. "I always follow the rules, but I have so much patient care to administer that this is too much. I filled out the questionnaire, but I included a letter saying that it cost me as much in staff time as they were charging, and that we were basically even."

While Dr. Fredericka has not been dropped by the network, neither has he heard back from it. "I don't know if I did the right thing, but their request just didn't seem proper to me," he says.

While the OSMA has no official stance on such requests (and, in fact, is still looking into the matter), "It's very unlikely that this is a legal question, that is, 'Do I legally have to pay this fee?' " Fry says. "What a physician has to consider is whether or not the plan will drop him or her for not complying with the request."

On a related issue, legislation that would mandate that all insurance plans use a standard credentialing form is pending in the Ohio General Assembly. The Physician-Health Plan Partnership Plan, jointly sponsored by the OSMA and Kaiser Permanente, proposes that the Ohio Department of Insurance develop a standard credentialing form that must be used by all insurance plans in Ohio (for a related story on credentialing applications, see p. 6.) ■

You can earn CME hours on the Internet



Editor's Note: *As part of its Computer Chat column, OHIO Medicine will periodically report on computer software available for medical professionals. The OSMA, however, does not endorse any software product. The reports published here are for informational/educational purposes only.*

Any physician with a 486 computer, a 28.8 modem, Netscape (2.0 or later) and access to the Internet can now earn continuing medical education credits another way – via his or her computer.

CME WebCredits began offering the first CME courses on the Internet in May. Physicians can now have access to CME courses when they want them and where they want them – from home, at the office or on the road. The Internet CME courses allow physicians to save time and money while staying current in important patient-care areas.

Each course, which is provided in audiovisual format, costs $35 for 1.5 credit hours of Category 1 CME and the course fee includes two attempts per course at passing. Costs are invoiced to avoid Internet security problems. Test results are immediate.

Two of the current courses offered are: "Course 001: Enhancing Patient Compliance" and "Course 002: Enhancing Patient Satisfaction/Member Retention." Funding for the initial two courses was provided through an unrestricted educational grant from Astra Merck, Inc.

Physicians surveyed by Health Communication Research Institute, Inc. (HCRI) were clear about their expectations: they wanted CME courses that were interactive and multimedia with quality content; no lengthy waits for audio, video or graphics; no downloading of files; and programs that are user-friendly with readily accessible technical support, according to Marlene M. von Friederichs-Fitzwater, PhD, FAAPP, HCRI executive director and developer of CME WebCredits.

Physicians in private practice and patient-actors also participate in simulated interviews and individual video clips to demonstrate course content. CME credits are offered through the University of California, Davis, Center of Continuing Medical Education.

In addition to CME courses on demand, physicians and provider groups want outcomes information – they want to know the value of a CME course for the physician and for patients. These so-called "new paradigm CME" courses provide for gathering benchmark data on individual physicians prior to completing a CME course, then offer an ongoing performance-based outcome evaluation to the physician. This allows physicians and provider groups to evaluate the value of CME courses on improving individual physician behaviors and patient care.

What You Can Do: Physicians can access the CME courses online at http://www.CME-WebCredits.edu or by going to http://www.hcri.com and clicking on the CME button; or by sending an e-mail request to cmepassword@calweb.com or by calling HCRI at 1-(800) 487-4325. ■

Educational Opportunities

The following educational activities are being offered by the OSMA Department of Continuing Education and Outcomes Research.

Aug. 30

"Ethical and Medical Issues in Long-Term Care," Hyatt on Capitol Square, Columbus

The OSMA, in joint sponsorship with the Ohio Medical Directors' Association (OMDA), will sponsor an educational meeting to address the needs of medical directors in the development of policies and procedures for long-term care facilities that deal with problems associated with autonomy/dignity of demented individuals. The OSMA designates this activity for 7.5 hours of Category 1 of the AMA Physician's Recognition Award. For additional information contact the OMDA at **(614) 486-2401, Ext. 116.**

Sept. 9-24

"BWC HPP – Transitioning Theory Into Reality"

The OSMA is sponsoring a series of six half-day statewide educational meetings intended to specifically address physician needs for education on the Bureau of Workers' Compensation's new managed-care system – the Health Partnership Program (HPP). The seminars will be held on the following dates and locations:

Sept. 9 – Cincinnati	**Sept. 18 – Independence**
Sept. 10 – Dayton	**Sept. 23 – Canton**
Sept. 17 – Toledo	**Sept. 24 – Columbus**

The meetings will address the HPP program components, reporting requirements, program oversight (from the regulatory and legal aspects) and the roles and responsibilities of the bureau, physicians and managed-care organizations. The OSMA designates this activity for 4.5 hours of Category 1 of the AMA Physician's Recognition Award. For additional information contact the OSMA at **1-(800) 766-6762, Ext. 123.**

Sept. 26

"Legal Issues Affecting Modern Health-Care Delivery," Adam's Mark Hotel, Columbus

The OSMA, in joint sponsorship with the Ohio State Bar Association's Health-Care Law Committee, will be sponsoring this day-long seminar, which will focus on legal/medical issues geared to meet the needs of practicing physicians and attorneys in health care and will feature a mixture of two plenary sessions and four separate hours of breakout sessions (with a choice of three different presentations for each session). Plenary sessions will feature: national health-care issues presented by Erie Chapman; state legislative issues presented by Sen. Grace Drake (R-Solon); and regulatory issues presented by William Ryan, director, Ohio Department of Health. The breakout sessions will feature attorneys practicing in the health-care field as well as representatives from the U.S. Attorney's Office, the Ohio Board of Nursing, health-care consulting groups, and Dale H. Cowan, MD, president of the Academy of Medicine of Cleveland. The OSMA designates this educational activity for six hours in Category 1 of the AMA Physician's Recognition Award. For additional information contact the OSMA at **1-(800) 766-6762, Ext. 143.**

Sept. 27

Recently, the OSMA Group Practice Section discussed the need for information about the use of electronic technology in patient care and management. Telemedicine and the electronic (paperless) medical record: Are they still high-maintenance technical toys or have they become practical, cost-effective tools to enhance patient care? To address this need, the OSMA is promoting an educational activity sponsored by The PIE Mutual Insurance Co., entitled "Telemedicine and the Electronic Medical Record," which will be held Saturday, Sept. 27 from 8:30 a.m. to 12:30 p.m. at the Hyatt Regency Convention Center, Columbus. PIE designates this educational activity for a maximum of four hours of Category 1 CME of the AMA Physician's Recognition Award. For more information, contact PIE Mutual at **1-(800) 228-2335, Ext. 8409**, or the OSMA at **1-(800) 766-6762, Ext. 146.**

For general information about OSMA educational opportunities, contact the OSMA Department of Continuing Education and Outcomes Research at **1-(800) 766-6762, Ext. 143.** ■

Act would expand pharmacists' scope

Legislative Roundup

The OSMA has examined a draft of Senate Bill 66 and is currently seeking comments for opposition testimony. The bill allows for expansion of pharmacists' scope of practice, including the establishment of consult agreements between physicians and pharmacists. A consult agreement, as defined in the bill, would allow a pharmacist to manage a patient's drug therapy in cooperation with a physician or other health-care professional licensed to prescribe drugs. The bill is in the Senate Health Committee.

Physician-Health Plan Partnership Act...OSMA's managed-care reform bill, in collaboration with Kaiser-Permanente, has received the support of the Ohio Association of Health Plans (formerly the Ohio HMO Association).

Physician autonomy... Language that prohibits multidisciplinary clinical entities from establishing policies interfering with a physician's independent, professional judgment continues to be sought in Senate Bill 31. That bill proposes to remove Ohio's traditional ban on the corporate practice of medicine. The bill remains in the House Health Committee.

Ohio's tobacco settlement... Ohio was one of 40 states to reach a settlement with representatives of the tobacco industry, the result of a suit seeking reimbursement of public health costs associated with treating smoking-related diseases. Ohio is expected to receive $200 million a year from the tobacco settlement to cover the $3.3 billion it spent from 1980 to 1993 treating tobacco-related illnesses.

HMO premiums may increase... As part of an effort to level the playing field between Ohio-based and out-of-state insurance companies, a 1% premium tax on HMOs was proposed in the recently passed budget bill. This tax would be phased in over five years beginning in 1999. Health plans expect to pass the tax on in the form of higher premiums to employers and patients

Telemedicine bill... This bill (House Bill 193) would require, with some exemptions, full licensure of any physician who provides medical services in the state through electronic means. The measure is still pending in the House Health Committee.

Supervision of CNRAs... The OSMA Committee on State Legislation has adopted a position of support with regard to House Bill 392. This bill would require direct supervision of a certified registered nurse anesthetist (CNRA) only by an anesthesiologist.

DNR orders out of committee... By the time you read this, House Bill 354 may be on its way to the Senate. The bill establishes a statewide protocol for do-not-resuscitate (DNR) orders. It passed unanimously out of the House Health Committee.

Mental health parity... House Bill 420, which prohibits all individual and group health insurers from discriminating in the coverage of mental illness, has received support from the OSMA Committee on State Legislation.

CON extension vetoed... Gov. George Voinovich vetoed a provision in the budget bill that would have extended the state's certificate of need program for all free-standing health-care facilities in rural areas until April 1, 1998. The OSMA had requested that the item be removed.

Direct Entry Midwifery Study Council... This group continues to meet and is still expected to issue a report by year's end. The subject under study is whether or not there should be minimal standards set for lay midwives, similar to those set for nurse midwives. The OSMA supports such standards. Donald Bryan, MD, Columbus, is the OSMA's representative on the Council.

Tobacco and youth smoking... Sen. Rhine McLin (D-Dayton) has introduced a bill that prohibits children from purchasing, possessing or consuming tobacco products. It also imposes penalties on children who violate the prohibition and imposes new penalties on persons who give, sell or distribute tobacco products to children.

Medicaid system expanded in Ohio... Adopted Resolution 41-97 called for the OSMA to support the provision in the governor's proposed state budget bill to expand the Medicaid program to increase the family eligibility from an income level of 100% of the poverty level to 150% of the poverty level to cover independent children up to age 18. ■

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OSMA president appoints committees

OSMA President Su-Pa Kang, MD, has appointed the following OSMA committees for 1997-1988:

Committee on Accreditation of CME Sponsors

Purpose: Accredits hospitals, organizations and institutions as intrastate providers of continuing medical education activities. Also determines criteria or standards for the accreditation of CME providers in Ohio to ensure that quality educational activities are available for physicians.

Chair: Albert N. May, MD, Marion, (614) 383-8090

Committee on Auditing and Appropriations

Purpose: Reviews the method of accounting for all accounts of the OSMA. It recommends the association's investment policy to Council and supervises the staff preparation of an annual budget for Council's approval.

Chair: Walter J. Wielkiewicz, MD, Zanesville, (614) 454-0196

Committee on Education

Purpose: Develops, implements, consults and evaluates education activities based upon the needs, interests and geographical distribution of physicians.

Chair: W. David Dawdy, MD, Westerville, (614) 882-9460

Committee on Judicial and Professional Relations

Purpose: The committee may be involved in the evaluation of physician/organization relationships and ethical matters affecting those relationships. The committee may also review standards for disciplinary proceedings by our component societies and review draft model county society bylaws prepared by our legal department.

Chair: Charles G. Adams, MD, Vermillion, (216) 967-5398

Committee on Legislation

Purpose: Reviews and recommends policy positions to the OSMA Council on legislation introduced in the Ohio General Assembly that have some impact on the practice and quality of patient care in Ohio.

Chair: Stephen P. Combs, MD, Willoughby, (216) 942-1050

Committee to Review OSMA House of Delegates Policy

Purpose: Reviews OSMA House of Delegates policy and makes recommendations regarding retention of OSMA policies more than four years old.

Chair: Walter E. Matern, MD, Cincinnati, (513) 751-5474

International Medical Graduate Task Force

Purpose: Identifies and addresses the needs and concerns of OSMA's IMG physicians.

Chair: Andres B. Lao, Jr., MD, Alliance, (216) 821-3244

Joint Advisory Committee on Sports

Purpose: Promotes the health and safety of Ohio's scholastic athletes through cooperation with the Ohio High School Athletic Association and Ohio Athletic Trainers Association.

Chair: Leonard J. Janchar, MD, Marion, (614) 383-8090

OSMA Public Health Committee

Purpose: Helping to implement the OSMA's primary mission (to serve as an advocate for the physicians of Ohio) in the area of public health. Will promote public health issues as they relate to improving physician understanding and involvement.

Chair: Pending

OSMA Staff Pension Committee

Purpose: Monitors OSMA employees' retirement program.

Chair: Walter A. Reiling Jr., MD, Dayton, (513) 276-2644

Task Force on Emergency and Disaster Medical Care

Purpose: Serves as a resource to OSMA Council, its members and the Ohio Emergency Services Board on issues concerning emergency medicine, emergency medical service and trauma.

Chair: John A. Drstvensek, MD, New Albany, (614) 939-4677

Task Force on Managed Care

Purpose: Recommends to OSMA Council positions on various issues and managed-care initiatives as they are developed in Ohio. Involved in developing information on capitated risk-bearing delivery systems, practice parameter and utilization programs and physician-based hospital partnerships and integrated systems.

Chair: Martin Gottesman, MD, Columbus, (614) 451-3643

Task Force on Membership Marketing

Purpose: Provides direction on membership marketing strategies, including member research, recruitment and retention activities.

Chair: Donald B. Marshall, DO, Rossford, (419) 666-2560

Task Force on OSMA

Purpose: Reviews national trends as they apply to participants in medical organizations to educate Council on organizational alternatives to the present OSMA structure.

Chair: Jack L. Summers, MD, Akron, (216) 375-4848

Workers' Compensation Task Force – Ad Hoc Task Force on HPP/QHP

Purpose: Responsible for monitoring the effectiveness of Ohio's Industrial Commission in administration of Workers' Comp benefits and rehabilitation programs, and report to OSMA Council.

Chair: Patrick McCormick, MD, Toledo, (419) 321-4492

Young Physicians Committee

Purpose: To increase involvement of young physicians at all levels of organized medicine, address issues specific to young physicians, increase the number of leadership positions in organized medicine for young physicians so that they have a significant voice, serve as mentors to resident physicians.

Chair: Vincent Mark Gioia, MD, Steubenville, (614) 264-7744

Managed-Care News

Columbia takes another stab at Ohio market

Columbia/HCA's drawn-out, failed attempt to buy the former Blue Cross & Blue Shield of Ohio apparently hasn't made it shy away from the Ohio market. The health-care giant is currently negotiating to buy Doctor's Hospital in Columbus, a deal that could be sealed this fall.

Many in the central Ohio health-care community, however, are objecting to the proposal, claiming that an affiliation with for-profit Columbia would significantly change area health care. William Wilkins, chief executive of OhioHealth Corp., told the *Columbus Dispatch* that "Columbia coming to town will no doubt result in a significant change in health care in this city. We think we did fine without them and don't need them."

Meanwhile, a new coalition consisting of OhioHealth Corp., Ohio State University Medical Center, Children's Hospital and Mount Carmel Health System, has been formed to oppose Columbia's entry into central Ohio. Columbia officials have countered its naysayers with a letter to community leaders that asserts that competition can only help the market.

Columbia has offered $115 million for Doctors Hospitals, which has two facilities in Columbus and one in Nelsonville, Ohio.

MetroHealth ends contract with Medicaid HMO

Citing unpaid claims that could total well over $1 million, MetroHealth Medical Center has canceled its contract with Total Health Care, an HMO that's apparently unable to pay its bills. Total Health Care is an HMO selected by the state to provide health care to Medicaid recipients; Total Health Care receives funds from the state, which it uses to pay providers it contracts with. In this instance, however, it seems that adding another layer of bureaucracy to the program has kept Total Health Care from fulfilling its agreement with MetroHealth, which contracted with Total Health Care to provide primary care for 6,000 of the HMOs members.

County medical society news

Pros/cons of unionization presented

What do physicians want from unions? That's just one question to be answered on Thursday, Sept. 11 when the Academy of Medicine of Cincinnati holds its program, "Physician Unionization: Pros and Cons."

Edward Hirshfeld, JD, from the AMA's Office of General Counsel, and Jay Porcaro, from the AFL-CIO, will speak along with Scott Gray, MD, an orthopedic surgeon from Connecticut, who recently joined the Federation of Physicians and Dentists, a union that is affiliated with the AFL-CIO; and William Hazel, MD, president of the Fairfax County Medical Society in Virginia, who looked into joining a union, but decided not to.

Russell Dean, executive director of the academy, will serve as moderator. Introductions begin at 6:45 p.m. at the academy. A question-and-answer session will follow the presentations.

The program is free for Cincinnati Academy members, others pay $20. Reservations are required. Deadline for reservations is Aug. 25. For more information or to make reservations, contact the academy at (513) 421-7010.

OHIO Medicine has a white paper available on "Medical Societies and Unions" that was compiled by the AMA. If you are interested call the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and request Item #24.

Franklin County

■ The Columbus Medical Association Foundation awarded grants to nine local nonprofit organizations totaling $184,600, representing more than $3.5 million in endowments since 1992.

The spring 1997 grants were awarded to:

Action for Children, $30,181, to create, produce and distribute a sexual abuse prevention booklet.

Big Brothers/Big Sisters Association, $14,300, to promote healthy living to at-risk young people using existing education programs at its summer camp.

Elder Choices of Central Ohio, $25,000, to develop a comprehensive network and continuity of communication with agencies that provide health care for the elderly.

Franklin County Educational Council, $38,850, to fund a survey that provides data on health risk factors of school-age children.

Homeless Families Foundation, $30,980, to maintain the professional support services provided to area homeless families.

Project Open Hand Columbus, $22,427, to expand the distribution of high-calorie meals, nutritional supplements and counseling to HIV-positive men, women and children.

American Heart Association, $9,800, to conduct a program providing blood pressure monitoring and counseling.

Columbus State Community College, $4,000, to publish a booklet on medical technician career opportunities.

Easter Seal of Central Ohio, $9,062, to purchase first aid and CPR equipment for training and certification.

All Counties

■ For $15 you can receive an audiotape from the PIE Mutual's CME seminar, "Malpractice Protection in a Managed-Care Environment," which was presented in Cincinnati, Toledo and Cleveland. Specify which city you prefer since the question/answer sessions differ.

If you want to use them to earn two hours of Category 1 credit of CME, cost is $50 for OSMA members/PIE insured or $60 for non-members/non-PIE insured.

For more information, call 1-(800) 228-2335, Ext. 8409.

What You Can Do: If there's something going on in your county that you think would be of interest to other OSMA members, let us know. Call *OHIO Medicine* at 1-(800) 766-6762, Ext. 221. ■

AMA honors OSMA 'star recruiters'

The following OSMA members were recognized at the AMA Annual Meeting (held in June in Chicago) as "Star Recruiters" for the AMA: Carol Sholtis, MD, Gallipolis, OSMA; Larry Yodlowski, Gallipolis, Medical Student Section; and Stephen House, MD, Dayton, Organized Medical Staff Section.

In addition, the Ohio delegation was recognized at the AMA House for having 100% participation in the American Medical Political Action Committee.

See "President's Perspectives" on page 13 for Dr. Kang's new OSMA recruits. At his installation, Dr. Kang promised to bring in a new member each month he serves as president. ■

Association Roundup

■ OSMA's elder abuse project receives rave reviews

An OSMA physician education program has received good reviews in the international *Journal of Elder Abuse & Neglect.*

When compared to two other publications, one published by the AMA and the other by independent authors, *Trust Talk: Ohio Physicians' Elder Abuse Prevention Project* was said to be the most comprehensive of the three publications.

Reviewer James G. O'Brien, MD, professor in the Department of Family and Community Medicine at the University of Louisville, Kentucky, commented, "Collectively, the three units (the reference handbook for identification of elder abuse, the handbook for community involvement by physicians and the videotape on interviewing in abuse situations) provide a very comprehensive response to abuse and neglect in the state of Ohio, and this effort certainly represents a prototype that other states should copy or emulate."

■ New home is planned for OSMA headquarters

At press time, the OSMA prepared to break ground on 10 undeveloped acres at Mill Run in Columbus as the future home for its offices (Mill Run is a commercial area along Fishinger Road west of Dublin Road). The OSMA's current lease expires in June 1998.

A building committee has been working with architects and staff to determine the needs of staff and association members.

Only a portion of the land will be developed for the new OSMA headquarters. The OSMA's new home will have ample space to accommodate large group meetings. The OSMA hopes to be in the building by June 1998.

■ Bill summaries to be available to members

The OSMA Division of Legal Affairs produces summaries of new laws of interest to Ohio physicians. Not all legislation is summarized, but major bills, and bills that are complex and confusing are taken under advisement.

OHIO Medicine will publish a list of bills that have been summarized in a future issue and will provide information on how to obtain copies. ■

Still time to register for OSMA coding seminars

The Ohio State Medical Association, in conjunction with the Comer Agency, has planned the following coding and reimbursement seminars for 1997.

CPT: A Comprehensive Study

In this full-day course experienced coders will study the techniques and conventions of procedural coding. Using actual case studies for a range of specialties, participants will complete exercises using their CPT manuals to build speed and accuracy in code selection to obtain correct reimbursement from third-party payors. Participants will examine the various sections in the CPT manual, explore the practical applications of modifiers, master global surgery applications, increase their understanding of starred procedures and review CPT code changes.

Sept. 9 – Concourse Hotel, Columbus

Sept. 11 – Dayton Marriott Hotel, Dayton

Sept. 16 – Sheraton Suites, Cuyahoga Falls

Sept. 18 – SeaGate Center, Toledo

Exploring ICD-9-CM: A Voyage of Discovery

After participating in this full-day seminar, participants will master the principles of diagnosis coding. Each will be able to quickly locate the right codes and enter those properly on HCFA-1500 claim forms. Participants will explore conventions used in ICD-9-CM, review the rules for reporting diagnoses, study the proper use of the tables, learn how and when to use V codes and discover the importance of E codes.

Sept. 10 – Concourse Hotel, Columbus

Sept. 12 – Dayton Marriott, Dayton

Sept. 17 – Sheraton Suites, Cuyahoga Falls

Sept. 19 – SeaGate Center, Toledo

Instructor Wanda L. Adams, CPC, of Adams Physician Advisory, has presented successful workshops all over the United States, and has discovered that many physicians and other health-care providers are missing out on getting paid for services rendered because of insufficient knowledge of or inattention to coding and managing their receivables.

Participants can register for either one or both of the seminars. If you have questions, contact the OSMA's Department of Meeting Management at 1-(800) 766-6762, Ext. 144.

Additional practice-management seminars are being developed for October, November and December. Watch future issues of OHIO Medicine for specific details. ■

OHIO Medicine Advertisers

Annashae Corporation.....5
Comprehensive Anesthesia.....14
Deaconess Hospital.....14
Emergency Consultants, Inc.....6
Rankin M. Gibson, Esq.....19
Holzer Clinic.....4
Jobst Vascular Center.....12
Kentucky Medical Insurance Co.....7
Med-Econ, Inc.....8
Med Pro/Frontier Insurance Co.....11
Medical Protective Co.....5
Mutual Assurance.....2
Office of Hearings and Appeals.....18
OSMA Insurance Agency.....9
Physicians First.....18
PIE Mutual Insurance Co.....20
The Premium Group.....16
Sleep Medicine Research Foundation.....13
Strelcheck & Associates.....4

Obituaries

WILLIAM C. AHLERING, MD, Florida; University of Cincinnati College of Medicine, Cincinnati, 1941; age 80; died June 17, 1997.

ROBERT J. DUFFNER, MD, Cincinnati; Indiana University School of Medicine, Indiana, 1944; age 78; died March 30, 1997.

FRANCIS HERINGHAUS, MD, Mansfield; University of Michigan Medical School, Michigan, 1931; age 91; died June 9, 1997.

JAMES MACKAY, MD, Oberlin; Case Western Reserve University School of Medicine, Cleveland, 1950; age 78; died June 25, 1997.

JAMES A. MILLS, MD, Cincinnati; University of Cincinnati College of Medicine, Cincinnati, 1963; age 60; died June 23, 1997.

ALICE MARGARET POSEY, MD, Cincinnati; Rush Medical College, Illinois, 1934; age 89; died April 23, 1997.

ROBERT EMMET QUINN, MD, Maine; University of Wisconsin Medical School, Wisconsin, 1936; age 90; died May 18, 1997.

ROBERT C. ROTHENBERG, MD, Cincinnati; University of Cincinnati College of Medicine, Cincinnati, 1929; age 95; died June 9, 1997.

JAMES A. SNIDERMAN, MD, Dayton; Wayne State University School of Medicine, Michigan, 1963; age 58; died June 5, 1997. ■

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September 1997

OHIO Medicine

A Publication of the Ohio State Medical Association

BWC fees paid only to certified providers

■ *Beginning Sept. 1, the bureau won't reimburse physicians who haven't returned a signed provider agreement.*

According to the Bureau of Workers' Compensation, more than 20% of the 46,000 providers enrolled in its Health Partnership Program (HPP) have failed to return their provider agreements. Without these agreements, doctors and others will be unable to collect their fees for any services performed after Sept. 1.

The BWC speculates that many of the physicians who haven't returned their provider agreement may mistakenly believe they are already enrolled in the BWC HPP program.

But enrollment is actually a two-step process. Physicians wishing to participate in HPP must first complete an application. If the bureau determines that the physician meets certain requirements, a provider agreement is mailed to the physician to sign and return. You are not considered a certified provider by the bureau until both steps have been completed.

Sept. 1 is the date the BWC will implement its second phase of its managed-care program. The first phase began in March and included claims involving injuries sustained by workers after that date. The second phase transfers claims of workers injured from Oct. 20, 1993 through Feb. 28, 1997 to managed-care plans. Phase three has not yet been scheduled for implementation.

CHECK YOUR STATUS

Certified providers are listed on the BWC's Web site, so if you're unsure whether or not you have completed the appropriate paperwork, check www.ohiobwc.com to see if your name is listed or call the BWC at 1-(800) OHIO BWC to check your status. If you are not yet certified, and you wish to participate in the program, send in your paperwork immediately.

CERTIFICATION IS ONGOING

"A physician who has not yet signed the agreement may do so at any time," says Nancy Gillette, JD, OSMA legal counsel. "The bureau will continue to certify providers for the program as an ongoing process."

Even if you become certified later, however, don't expect retroactive payment for services you provided after the cut-off date unless they were emergencies, says James Samuel, BWC spokesperson. "We promised seminar attendees that if provider agreements were returned to us by Aug. 15, they would be certified by Sept. 1. That was our part of the bargain. We won't pay for services provided after Sept. 1 by physicians who are not certified by the cut-off date."

The OSMA continues to monitor complaints from doctors who say the BWC is slow in making any payments for services. Gillette says the BWC has advised the OSMA it is working on the problem. It's important to keep in mind that payment for services provided before Sept. 1 will be paid, even if that payment is made slowly. However, you will not be paid for services provided after Sept. 1 unless you are a certified provider.

What You Can Do: If you have questions about the bureau's certification process for its new Health Partnership Program, plan to attend one of the six seminars the OSMA will sponsor this month (see the boxed story at left for dates and locations). The seminars will provide participants with in-depth information on the Health Partnership Program. For more information or to register, contact Maria Bond, OSMA Division of Legal Affairs, 1-(800) 766-6762, Ext. 123. ■

OSMA plans informational BWC seminars

The OSMA will sponsor seminars entitled "The BWC HPP: Transitioning Theory Into Reality." The seminars cost $85 for OSMA members, $135 for nonmembers, and will be held at the following locations:

Sept. 9 – Holiday Inn Eastgate, Cincinnati

Sept. 10 – Crowne Plaza Dayton

Sept. 17 – Crowne Plaza Toledo

Sept. 18 – Holiday Inn Independence

Sept. 23 – Canton Hilton

Sept. 24 – Concourse Hotel, Columbus

Photo by Karen Kirk

Breaking New Ground

Last month (from left), Brent Mulgrew, OSMA executive director, Su-Pa Kang, MD, president, and Lance Talmage, MD, president-elect, gathered with OSMA staff at the future site of OSMA headquarters for an official groundbreaking ceremony. The new building is expected to be completed by next summer.

HCFA finally releases revised E&M guidelines

The new documentation guidelines for the examination portion of the Evaluation and Management Services code, and the various specialty societies, have finally been released by the Health Care Financing Administration (HCFA)

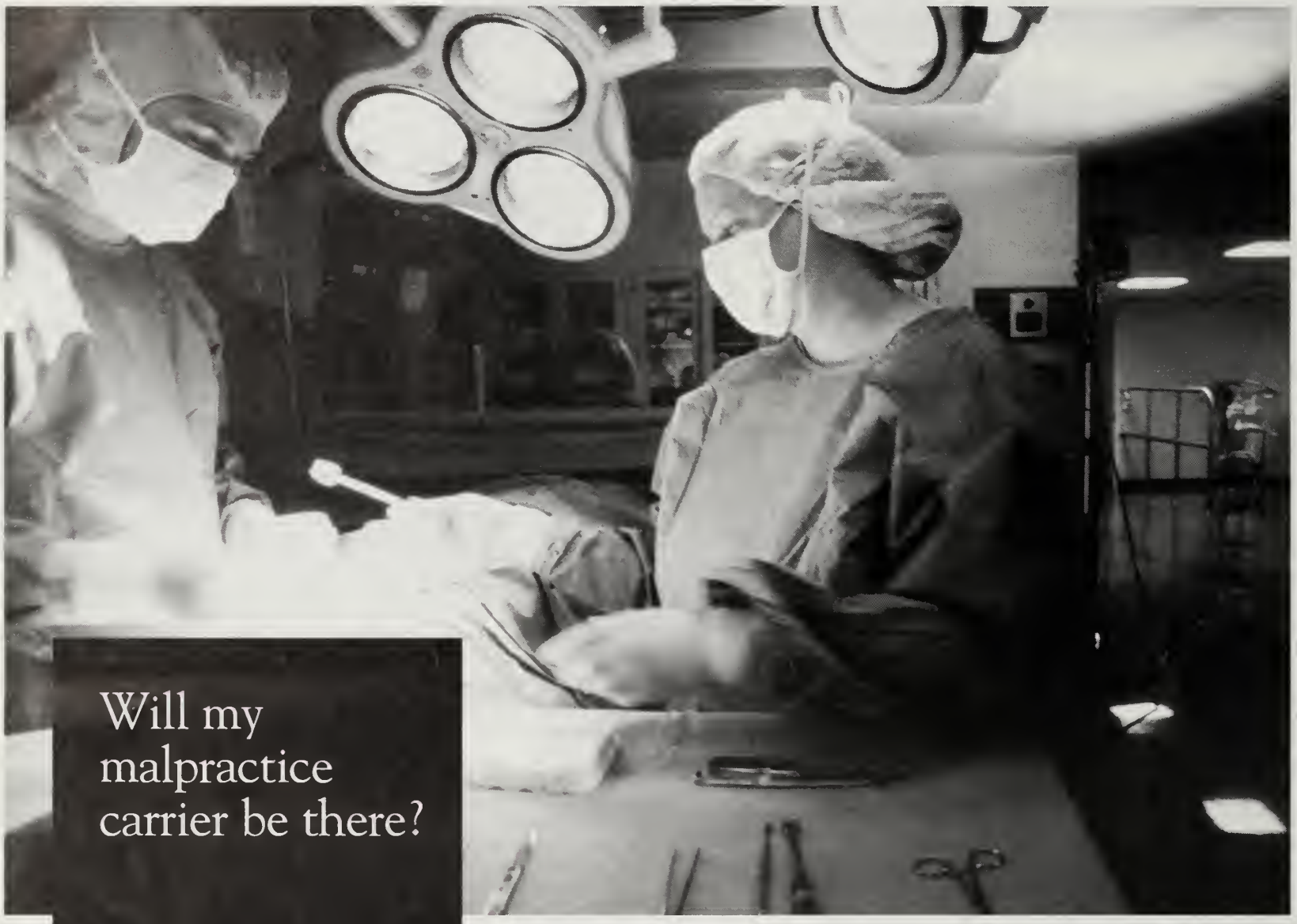
Because so many more elements will now be required for the single specialty Level 5 examinations, solo practitioners, emergency physicians and those physicians who do not use a technological means of documentation, such as dictation, will be most directly affected.

Jan. 1, 1998 is the effective date for the new guidelines, but you may begin incorporating them now into your patient records, or by Oct. 1.

HCFA will not send these guidelines to you, but OSMA members may contact the association's Ombudsman department for copies of the specialty-specific exam portion of the Evaluation and Management Services code. ■

See **E&M** *Page 3*

Freedom From Fear



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E&M guidelines effective Jan. 1

■ *These guidelines will have the most impact on solo practitioners and emergency physicians.*

After two years, the Health Care Financing Administration (HCFA) has completed its "Revised Documentation Guidelines" for the examination portion of the Evaluation and Management Services code, with input from the American Medical Association (AMA) and the various specialty societies. The effective date is Jan. 1, 1998, but physicians may begin incorporating these guidelines into their patient records now, or at least by Oct. 1.

"Don't look for HCFA and the Medicare carriers to send these guidelines to you," says Jillian Phillips, a certified procedural coder with the OSMA's Department of Ombudsman Services. "There isn't enough money in their budget for that."

Because so many more elements will now be required for the single specialty Level 5 examinations, the greatest impact with these guidelines will be felt by solo practitioners and emergency physicians, as well as any physician who is not using a technological means of documentation, such as dictation.

The guidelines for the examination portion of the E&M services are divided into the following single-organ system categories:

- cardiovascular
- ENT
- eyes
- genitourinary
- hematologic/lymphatic/immunologic
- musculoskeletal
- neurological
- psychiatric
- respiratory
- skin

The general multisystem examination is defined separately, and the following is a brief rundown of what documentation is expected in that exam:

- Level 2 (problem-focused) requires documentation of examination of one to five elements in one or more organ systems;
- Level 3 (expanded problem-focused) requires documentation of examination of at least six elements in one or more body areas/organ systems;
- Level 4 (detailed) requires at least 12 elements total in two or more body areas/organ systems; and
- Level 5 (comprehensive) requires at least two elements from each of the nine body areas/organ systems.

There is no comment period regarding these new examination guidelines, but according to the AMA, they are not "set in stone." HCFA will take complaints and will work on changes "at some point in the future."

What You Can Do: Copies of the specialty-specific exam portion of the Evaluation and Management Services are available to members of the OSMA by calling 1-(800) 766-6762, Ext. 215. If you have questions regarding the documentation guidelines, contact Jillian Phillips at 1-(800) 766-6762, Ext. 214. ■

Infants undergo new screening tests

The Ohio Department of Health Laboratories' Newborn Testing Unit implemented new metabolic/genetic screening tests for newborns last month. New chemistry screens are in place for congenital hypothyroidism, galactosemia and phenylketonuria (PKU). The new thyroid function screen is a second-generation, non-radiometric TSH. The galactosemia screen is a quantitative discrete chemistry and the PKU screen is a similar discrete chemistry rather than a bioassay.

Changes have also been made in the wording of laboratory reports. These changes include:

"Low Risk"...replaces "normal" for all tests except hemoglobin. The change recognizes that screening for selected analytes can't identify all infants at risk for those diseases.

"Alert"...replaces "abnormal" for all tests except hemoglobin. The change designates a screening test result that's indistinguishable from results from infants with the disease. There are three levels of alert:

1. **Indeterminate**...Status is unclear from the test results. Recommendations should be followed to clarify the status of the infant.
2. **Moderate risk**...Diagnostic tests are needed to separate infants with transient chemical changes from those with disease. Some infants in this risk group will have disease.
3. **High risk**...Urgent action is recommended because most of the infants with disease will be in this risk group.

What You Can Do: Questions about the new screens and/or changes to reports should be directed to Leona W. Ayers, MD, medical director, Public Health Laboratories, (614) 644-4591 or to Virginia Haller, MD, medical director, Ohio Department of Health, (614) 466-2253. ■

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Inside

■ **MEDICAL DIRECTORS** for out-of-state plans and insurance compa-nies should be licensed in the state if they make medical decisions for Ohioans, says the State Medical Board of Ohio...**7**

■ **RESIDENTS' TRANSITION TO ACTIVE PRACTICE** can be made easier by attending an educational program sponsored by the OSMA's Resident Physician Section...**8**

■ **THE OSMA TAKES A POSITION** on nine health-care bills and changes its position on two others currently circulating at the Statehouse...**11**

■ **MATCHING EMPLOYERS TO THE APPROPRIATE MCO** can be a daunting task, but one that's important for physicians enlisted in the new BWC managed-care program. New software can make the job easier...**14**

■ **EDUCATIONAL OPPORTUNITIES** sponsored by the OSMA range from the BWC's Health Partnership Program to legal issues affecting health-care delivery...**18**

■ **A FREE PRIMER FOR EVALUATING BREAST PROBLEMS** is made available to OSMA members through the Ohio Department of Health, just in time for breast cancer awareness month...**18**

Free Information

Selected *OHIO Medicine* articles run with an item number you can use to order free, additional information and reports. Call 1-(800) 766-6762, Ext. 228. Leave your name, address, phone number, the item number(s) you're requesting and the issue you're ordering from.

- Item #26 – Ban on collecting from nonresponsible parents report
- Item #27 – Immunity for providing free medical care to the indigent report
- Item #28 – Lack of malpractice insurance coverage report
- Item #29 – Managed-care uniform licensure act report
- Item #30 – Maternity-care coverage report
- Item #31 – Physician assistants report
- Item #32 – Map of 12 regional offices of the Breast and Cancer Project report

Could medical directors face board discipline?

Legal

Should medical directors of insurance companies be subject to medical board discipline if their decision is judged inappropriate?

An Arizona appeals court recently made a decision on the matter. The case involved the medical director of Blue Cross and Blue Shield of Arizona who refused to approve coverage for gallbladder surgery recommended by the patient's surgeon. He found the operation to be medically unnecessary. The surgeon proceeded to operate, then billed Blue Cross. The insurer paid the bill after the gallbladder was found diseased. The patient and the surgeon filed a complaint with the medical board, which issued the medical director an advisory letter of concern regarding an "inappropriate medical decision that could have harmed a patient." The medical director and Blue Cross/Blue Shield questioned the board's authority to review insurance-related decisions. The ruling by the appeals court said a medical director of an insurance company can be disciplined by the state Board of Medical Examiners for a coverage decision.

In Ohio, there is no similar case law that addresses the matter, but Lauren Lubow, spokesperson for the State Medical Board of Ohio, says the board does investigate complaints against medical directors if they are licensed in Ohio.

That's not always the case, however, and the OSMA has already expressed its concern to board members on this subject. A letter sent to the board by the OSMA's Division of Legal Affairs, for example, expressed concern that insurers, "not licensed to practice medicine in this state are inappropriately making medical assessments that are only appropriate for persons licensed to practice medicine by the Ohio State Medical Board."

Lubow says the board's new managed-care committee has raised initial discussions about possibly pursuing legislation that would require medical directors to be licensed in Ohio, but that the conversations are still in an embryonic stage. (See the state medical board report on Page 7.)

A telemedicine bill (House Bill 193) introduced this session by Rep. Rose Vesper (R-New Richmond) would require the full licensure of any physician who, directly or through electronic means, provides medical services in Ohio.

Marla Eshelman Bump, associate director, OSMA Department of Legislation, says: "At present, the bill's language calls for any physician, medical director or not, to be licensed in Ohio if they perform more than 12 consults a year."

The OSMA supports the telemedicine bill. It remains pending in the House Health Committee. ■

Summaries clarify how new laws apply to you

As health-care bills become laws, you are often left to interpret how those laws apply to your practice. The OSMA's Division of Legal Affairs has produced the following summaries of recent laws that may be of interest to Ohio physicians:

Ban on Collecting From Nonresponsible Parents

First came the bill that prohibited physicians from collecting fees from a former spouse or children when another person is responsible for providing insurance coverage of health-care services. Then came an amendment to that bill. The OSMA white paper describes pertinent provisions of the original bill and explains how the new section applies to physicians. Item #26.

Effective Date: Nov. 24, 1995

Immunity for Providing Free Medical Care to the Indigent

Certain Ohio physicians who provide free medical care to indigent persons are provided qualified immunity from civil liabilities under Ohio law. This report explains what a physician must do to receive this qualified immunity and includes a patient consent form that may be used by volunteer physicians. Item #27.

Effective Date: Nov. 15, 1995

Lack of Malpractice Insurance Coverage

Ohio law requires physicians who are not covered by medical malpractice insurance to provide patients with written notice of their lack of insurance coverage prior to providing nonemergency medical services. This one-page summary explains exactly how this notice should be formatted. Item #28.

Effective Date: Nov. 21, 1995

Managed-Care Uniform Licensure Act

Senate Bill 67, which regulates managed-care plans, passed the Ohio General Assembly earlier this year. The OSMA has already prepared a report that summarizes key provisions, describes the scope of the new law and explains who must apply for a license under the new law. Item #29.

Effective Date: July 4, 1997

Maternity-Care Coverage

Senate Bill 199 passed last April, requiring health-care plans and other third parties to cover specific inpatient and follow-up care for a mother and newborn. This summary describes who is affected by the law, limitations on plans, and what the bill does and does not do. Item #30.

Effective Date: April 4, 1996

Physician Assistants

This report summarizes Senate Bill 143, which became law last year. Included is a definition of physician assistants, what to include on the physician utilization plan and how to implement the plan. Item #31.

Effective Date: March 5, 1996

What You Can Do: If you would like a copy of any of these bill summaries, contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and request the report you want by the item number included with each description. ■

Derms win tattoo bill, will tackle direct access

Specialty Concerns

Like Ebeneezer Scrooge's Christmas-time ghosts, dermatology-supported legislation is best described in chronological order – past, present and future.

Legislation past, or, in this case, passed, deals with House Bill 25, a new law that gives local boards of health the ability to regulate those businesses that provide tattooing and/or body-piercing services.

PUBLIC SAFETY AT ISSUE

"For us, it was a consumer protection issue. We see both reactions to and infections caused by these activities, and we wanted to make sure that some safeguards were in place for the public," says Mark Bechtel, MD. Dr. Bechtel is Legislative Committee chair for the Ohio Dermatological Association (ODA), chair of the American Academy of Dermatology's task force on state and federal legislation, and a member of the OSMA's Committee on State Legislation.

At the request of dermatologists, HB 25 also included a provision that requires tattoo artists to record the type and color of the pigment they use in tattoos. With that information now readily available, dermatologists will know what type of laser to use if the patient runs into problems and needs to have the tattoo removed.

"That provision gives Ohio one of the stronger bills in the country on this subject," he says.

UNIFIED FRONT IMPORTANT

Legislation present is concerned with the issue of managed-care reform. Dr. Bechtel points to the joint OSMA-Kaiser Permanente Physician-Health Plan Partnership Act as an example of the direction medicine, not just the specialty of dermatology, must take on this issue. "It's important that we work within organized medicine to affect this reform," says Dr. Bechtel. "Organized medicine speaks as one voice, and there is value in a unified front when dealing with legislators." He acknowledges that the present managed-care debate has split medicine into different factions with different opinions on how change should be affected. "It's a fine line to walk, but I believe the OSMA has done an excellent job of guiding the discussions."

IF AT FIRST YOU DON'T SUCCEED...

Legislation future focuses on a bill-yet-to-be, although one that's vaguely familiar. The dermatologists hope to present a direct-access-to-dermatology bill sometime during 1998, similar to a bill they presented in the Ohio Legislature two years ago. "At that time, the House passed the bill by a sizable margin, but it was held up in the Senate," says Dr. Bechtel. Ohio dermatologists were prompted to reintroduce the bill after Florida dermatologists were successful in passing a direct-access bill.

"It's important for doctors to realize that primary care physicians are the foundation of health-care delivery in this country," says Dr. Bechtel.

However, patients with rashes and other types of skin conditions can easily visualize their problems, and, according to dermatologists, should be able to refer themselves to the specialist best able to treat them. "Studies have demonstrated that dermatologists can diagnose these conditions earlier, and with a higher degree of accuracy," says Dr. Bechtel. ■

Licensing of medical directors endorsed

Editor's Note: *The following report is summarized from the minutes of the June 12 meeting of the State Medical Board of Ohio.*

The Managed-Care Committee of the State Medical Board of Ohio wants to develop legislation requiring all medical directors who make medical decisions in Ohio to have an Ohio license. The committee says the proposed legislation should also require that all medical necessity decisions be made in a timely manner, and by a licensed physician. The committee voted to begin work on statutory language.

State Medical Board

Meanwhile, the board may submit a bill this session that strengthens its powers under the Medical Practice Act. The OSMA has seen draft legislation, but, as of press time, the measure has not been introduced. *OHIO Medicine* will update you on this bill in a future issue.

OF INTEREST...

Pharmacy supervision should be defined... The board's prescribing committee expressed some concern over the pharmacy practices bill (Senate Bill 66) that remains pending in the Senate Health Committee. One provision calls for pharmacists to make clinical decisions on prescriptions, based on protocol and supervision. The committee would like to see "supervision" defined. Currently, the bill's language says rules regarding supervision will be developed by the Pharmacy Board, but the committee believes that, if rules are developed regarding medical board licensees, they should be promulgated by the board.

APN collaborative arrangements... If you are a physician who works or plans to work in collaboration with advanced practice nurses (APNs), be aware that Senate Bill 154, which became effective last September, allows the board to discipline physicians for "failure to maintain a (written) standard care arrangement with a clinical nurse specialist, certified nurse midwife or certified nurse practitioner" with whom you are in collaboration. The board need not approve the arrangement, but it must be kept on file and the board has the authority to review it periodically. Finally, you should remember that the new law requires physician licensees to include with their license renewal application a list of names and addresses of any APN with whom they are currently collaborating. ■

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Cleveland doctors briefed on fraud crackdown

Cuyahoga County

■ The Academy of Medicine of Cleveland along with Benesch, Friedlander, Coplan & Aronoff, LLP, will jointly sponsor "Physician Fraud Enforcement" on Sept. 24 from 4:30-6:30 p.m. at the Holiday Inn, Independence. The program will address the current government crackdown on fraud and abuse; reducing the risk of noncompliance; health-care audits as a proactive measure; and developing and implementing compliance programs. For more information, contact Andrea Nokoneczny at (216) 363-6129.

Stark County

■ JoAnn LaRocco will assume the duties of executive director of the Stark County Medical Society when Nancy Adams retires in December. LaRocco, who has served as executive director of the Stark County Dental Society for the past 11 years, will begin work on Nov. 1.

■ Twenty Stark County physicians will participate in a Washington, D.C., fly-in on Oct. 8. The daylong event will include a meeting with U.S. Rep. Ralph Regula (R-Canton) and various health-care committee members.

■ The county society will sponsor its 26th mini-internship program Nov. 9-11. This program gives community members an opportunity to shadow physicians for two days and learn about health care firsthand.

What You Can Do: If you have news about activities happening in your county, contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 221. ■

Residents prepare for daily practice

To prepare resident physicians for the transition from residency program to active practice, the OSMA Resident Physician Section is sponsoring an educational program on Saturday, Sept. 27 from 10 a.m. to 4:30 p.m. at the Concourse Hotel, Columbus.

The program will include:

- Various practice options available to residents and the need to assess personal and professional goals;
- Student-loan management, recruiters' roles and responsibilities, and employment contract basics; and
- Insurance matters such as employee benefit planning, disability income insurance plans, life- and health-insurance plans and tax-deferred annuities;
- Resources available to resident physicians.

Resident physicians' spouses or significant others are encouraged to attend since much of the information provided will address future decisions to be made by the couple.

For more information or registration, contact Shar Wackman, OSMA Resident Physician Section, at 1-(800) 766-6762, Ext. 109. ■

Task Force 2000 studies HOD feedback

The OSMA's Task Force 2000 will hold its next meeting on Sept. 14 at the Concourse Hotel, Columbus. Members will discuss feedback from its presentation at the OSMA Annual Meeting in May and discuss any necessary refinements to their recommendations. The task force has been charged with studying the association and with recommending ways to bring the OSMA into the 21st century as a vital and valued professional organization.

Association Roundup

County execs meet at Cherry Valley...OSMA staff and representatives from 11 county medical societies met at the end of July at the Cherry Valley Lodge, Newark, for an update on association activities and luncheon roundtable discussions.

The membership department reported that a solicitation mailing to nonmember international medical graduates (IMGs) has been completed. The letter highlights the current activities of the OSMA and Su-Pa Kang, MD, as the first OSMA IMG president. The Department of Membership plans to work with the AMA in a similar IMG recruitment program later this year.

AMA field representative Tim Stapleton briefed attendees on three major initiatives the AMA will concentrate its efforts on this year:

- **American Medical Accreditation Program (AMAP)** – A voluntary, comprehensive accreditation program that measures and evaluates individual physicians against standards, criteria and peer performance in five areas: 1) credentials, 2) personal qualifications, 3) environment of care, 4) clinical performance, 5) patient care results. AMAP will reduce costly duplication of credentials verification and office site reviews; and will provide accreditation decisions for physicians as well as a comprehensive informative portfolio of qualifications.
- **Institute for Ethics** – The aim of the institute is to initiate practical dialogue with physicians, to facilitate the exchange of diverse ideas and positions, and to contribute academic insights into complex ethical issues. The four primary areas of expertise are professionalism, managed care, end-of-life care and genetic medicine.
- **National Patient Safety Foundation (NPSF) at the AMA** – NPSF will ensure that patients in all health-care settings receive health care safely. The foundation will fund scientific research to find ways to reduce the risk of avoidable patient injury, it will serve as a clearinghouse for information on errors that have occurred, and will work with patients and providers to implement practical programs to ensure safety when receiving health care. ■

Clinic named for Dr. Gandy

St. Vincent Mercy Medical Center will dedicate the Gandy Health Clinic on Sept. 14 from 2 p.m.-4 p.m. The clinic is named after Roland Gandy, MD, an active OSMA member until his death last year. All OSMA members are invited to attend. ■

OSMA Legislative Positions

The following positions were taken by the OSMA Committee on State Legislation and adopted by the OSMA Council at its July meeting. Unless otherwise indicated, all bills are still pending in House or Senate committees.

Support

Chlorofluorocarbon Exemption (House Concurrent Resolution 26)

The bill urges the FDA to reconsider a proposed rule banning chlorofluorocarbon inhalers until an alternative is readily available.

Status: This resolution has been passed and signed into law.

Electronic Signatures (House Bill 243)

Sets standards for using electronic and computer-generated signatures in records of health-care facilities.

Child Abuse (House Bill 414)

Specifies that in certain instances, a court may find a child to be an abused child only if the finding is based on competent medical, psychiatric or psychological evidence.

Mental Health Parity (House Bill 420)

Requires insurers that provide coverage for diagnosing and treating mental illness to do so on the same terms and conditions as other physical diseases and disorders.

Seatbelt Law House Bill 449

Makes nonuse of a seatbelt a primary offense. Current law allows for a citation for nonuse, but only when a vehicle operator is stopped for another violation.

Oppose

Fireworks Safety (House Bill 6)

Originally written to provide greater safety in fireworks stores, the bill later authorized the use of fireworks in Ohio.

Status: The bill was passed and signed into law without the provision authorizing fireworks use.

Neutral

Clinical Lab Licensure (Senate Bill 131)

Requires certain clinical laboratory personnel to be licensed.

Under Advisement

Teaching Hospitals (House Bill 316)

Sets standards for teaching hospital authorities when a university relinquishes control over the operation of a university hospital.

Abortion Notice (House Bill 421)

Requires physicians to meet with patients 24 hours before performing an abortion to discuss the implications of the procedure and alternative treatments available.

("Neutral" means the OSMA is not taking a position of opposition or support. "Under Advisement" means the OSMA is monitoring the bill but has not yet taken a position on it.)

Association reconsiders legislation

When new or additional information is received on a bill, or when the Ohio General Assembly takes action on a bill that changes it substantively, the OSMA Committee on Legislation will reconsider the bill and recommend a change in position if that is warranted.

Medical Corporations (Corporate Practice of Medicine – Senate Bill 31)

Defuses the ban on the corporate practice of medicine. The committee reconsidered the bill after language was added protecting the autonomy of providers.

OSMA's Former Position: Opposed

OSMA's New Position: Neutral with technical assistance

Anesthesia (House Bill 392)

Stipulates that certified registered nurse anesthetists could be supervised only by an anesthesiologist. The committee reconsidered the bill after further education on the issue and after changes were made to the original bill.

OSMA's Former Position: Under advisement

OSMA's New Position: Support with technical assistance

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Collegiality – Have we forgotten what it means?

■ The competitive managed-care marketplace appears to be taking a toll on physician-physician relationships.

Collegiality.

I looked it up the other day to make certain it was still in the dictionary.

When I first entered medicine, collegiality was the hallmark of physician-to-physician relationships. After long years of study, internships and residency, I think all of us longed for a relationship that was characterized by equality and mutual respect. On becoming a physician, each of us entered that special "club" that is medicine. We were respected by our patients and we interacted with each other with mutual regard.

Much has been written about the declining physician/patient relationship, but today I am concerned about the declining collegiality of the physician-physician relationship.

I'm not sure why this is taking place. Some might argue that the competitive nature of the managed-care marketplace is taking a toll on our profession. Certainly, our present health-care environment is dividing us into a broader demographic spread. Once our divisions fell along the lines of specialist vs. primary care; urban practice vs. rural. Now, we are further divided into solo practice vs. groups; fee-for-service vs. managed care; employed physicians vs. independents.

Su-Pa Kang, MD

Different practice modes give birth, naturally, to different interests, opinions and ideas. That's not necessarily a bad thing, if we remember that, at the heart of our profession is a sincere desire – no matter what form that might take – to serve our patients. That's why I entered the profession so many years ago. My guess is that's why you're still in medicine today.

Despite our differences, then, we have much in common. And just as our patients need us, we need each other. There are plenty of outside influences to eat away at our profession. We need to keep our infrastructure sound if we are to maintain medicine's integrity.

I believe the best way to maintain our integrity is to return to those feelings of collegiality we shared in the past. We may not always agree with each other, but we can still respect each other. We must not assume that our differences are so vast that they cannot be worked out.

After all, we are physicians, first and foremost. We are members of a caring profession. We are our patient advocates. No matter how we practice medicine, or where we practice medicine, these are the basic principles of our profession.

My hope is that we will continue to participate in open dialogues, and to listen to each other. Yes, there will be differences of opinion. Yes, there may be positions on which we cannot agree. But we are members of the same profession, the same "club," and our bottom lines aren't really so very different. Look past the rhetoric and you'll find a colleague.

While you're at it, you might just dust off that old dictionary and look up "collegiality." Then search for ways to put collegiality back into the physician-physician relationship.

To update you on my recruitment efforts, I would like to acknowledge the following physicians who have become members of the OSMA: Farouq Alqadah, MD, Celina; Thomas Craven, MD, Cincinnati; Kathleen H. Emery, MD, Cincinnati; Susan N. Finney, MD, Cincinnati; Marden A. Lacuesta, MD, Celina; James P. Lewis, MD, Dayton; Patrick J. Lytle, DO, Dayton; Mervet K. Saleh, MD, Dayton. ■

Parents urged to unplug television violence

Alliance Report

OSMA Alliance members will kick off two projects Oct. 8 for their SAVE Day (Stop America's Violence Everywhere) campaign:

- Vice President Al Gore has been asked to help launch the SAVE Day campaign. This year, the program is entitled "Unplug the Violence." Owl bookmarks, which state "Be Wise Ohio," will be distributed to parents' groups, pediatricians, obstetricians, schools and libraries. Schools are asked to send home the bookmarks in student report cards. The bookmarks offer helpful tips for parents who wish to turn off the violence in their living rooms by unplugging their television sets. Positive suggestions (outings, playing games, crafts) are offered as alternatives to watching violence on TV.
- The alliance will also bring back its successful project from last year, "Hands Are Not for Hitting." Placemats featuring the "Hands Are Not for Hitting" theme will be distributed to Ohio elementary schools.

In other news, the "Extinguisher" is coming to Ohio, courtesy of the OSMA Alliance. The AMA's "Extinguisher" character, a person dressed in costume and spreading an anti-smoking message, will visit school children in Toledo, Dayton and Columbus during November for a stop-smoking campaign that will tie in with the Great American Smokeout. For more information on Alliance programs, contact Debbie Blackwell at the OSMA Alliance headquarters, 1-(800) 766-6762, Ext. 403. ■

Software matches MCO with employers

Editor's Note: *As part of its Computer Chat column, OHIO Medicine will periodically report on computer software available for medical professionals. The OSMA, however, does not endorse any software product. The reports published here are for informational/educational purposes only.*

Computer Chat

The Employer Risk Data System 2.0 (ERDS), developed by Advanced Micro Technologies, Inc. of Gahanna, has been designed to address the needs of providers working with the Bureau of Workers' Compensation's Health Partnership Program (HPP), the bureau's new managed-care system.

The information contained in this software package may help physicians save time by eliminating calls to individual employers, to the BWC, or the hours spent surfing the Internet to secure information on managed-care organizations.

Now that Phase 2 of the HPP has been implemented, the ERDS MCO Plus and the ERDS MCO Basic systems provide physicians with the information they need, for example: everyday admitting and registration procedures, marketing techniques and strategic decision-making.

This data system lists more than 430,000 employers in the state of Ohio and their insured status, plus managed-care organizations assigned to each Ohio employer. There are other dial-in systems such as Complink and Open that provide MCO information, however, according to Kevin Penhorwood, president of Advanced Micro Technolgies, Inc., "ERDS provides the fastest, most user-friendly interface available and is the only software that does not require Internet access or additional online fees."

WHAT CAN YOU DO WITH THIS INFORMATION?

The Basic system, which costs $150 for OSMA members, enables a physician to search for employers in a variety of ways and find their MCO affiliate. This information can be printed and attached to the patient's chart and billing records.

Additionally, with the Plus system, which costs $1,795 for OSMA members, users can:

- Receive free periodic updates to the database throughout the assignment year. (Basic users may purchase these updates for an additional fee of $99 per update.)
- Identify which MCO represents the most employers in your geographic area or in the state; and determine which potential MCO networks you need to join to maintain or increase your practice volume.
- Create a database containing the employers in your market area by copying them from the statewide database to your own local employer database. Once your local employer database is complete, you can manipulate the data to suit your needs, add comments, and make changes to the information.
- Find many other features.

What You Can Do: For more information, contact Advanced Micro Technologies, Inc., 784 Stygler Rd., Gahanna, OH 43230, (614) 478-5161, Fax: (614) 478-5176. Or check out their Web site at ohiohealthcare.com/ERDS/ERDS.htm. ■

Medicare to pay for experimental lung procedure

Reversing its decision of more than a year ago, Medicare has announced it will pay for an experimental treatment for patients suffering from emphysema.

The procedure – lung volume-reduction surgery – involves removing as much as 30% of a patient's diseased lung in order to allow the healthy areas to function better. The procedure was perfected by a St. Louis physician in 1992, and in the last couple of years was considered a promising alternative to traditional treatment of emphysema. But in March 1996, Medicare abruptly halted reimbursement, saying it wasn't convinced the operation was better than traditional treatment.

The Health Care Financing Administration (HCFA) and the National Institutes of Health have since decided to conduct a randomized clinical trial of the treatment at 18 sites nationwide, including Ohio State University Medical Center.

With more than 2 million people suffering from emphysema in the United States alone, there should be no shortage of willing participants. Indeed, OSU expects to screen 500 emphysema patients a year through 2002, ultimately enrolling about 100 patients per year. Of those accepted, half will receive the new treatment and half won't. Their results will then be compared to determine how beneficial the procedure is.

HCFA is expected to monitor the trials, but it is unknown how long Medicare will reimburse providers for the experimental treatment. ■

DNR bill on way to Senate

Legislative Roundup

Two health-care bills passed recently out of their respective legislative bodies. House Bill 354, which makes changes relative to "do-not-resuscitate" (DNR) orders, has passed the House and is now in the Senate for consideration. The bill establishes a uniform procedure to identify and acknowledge DNR orders, better enabling physicians, emergency personnel and others to acknowledge a patient's wishes without fear of liability. The measure also requires the Ohio Department of Health to establish a protocol for withholding cardiopulmonary resuscitation from patients who request it. The second bill to pass is Senate Bill 69, which alters current exemptions from jury duty. If passed, physicians, as well as other professionals formerly exempted from jury duty, would be required to serve. The measure is now pending in the House.

Point-of-service subcommittee... The OSMA Committee on State Legislation has created a subcommittee to further investigate issues associated with point-of-service. Robert Schulz, MD, Toledo, will serve as chair. Members include: Edward Loughery, MD, Cincinnati; Mark Bechtel, MD, Westerville; J. Steven Polsley, MD, Urbana; and Richard Maxwell, MD, Wooster.

Nurse pilot program update... The budget bill, which passed the Ohio Legislature earlier this summer, included a provision, added in the Senate, that allows the dispensing of certain classes of drugs by advanced practice nurses practicing in the state's nurse pilot programs. *OHIO Medicine* will include information from that report in a future issue. ■

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OSMA Calendar

The Ohio State Medical Association, in conjunction with Conomikes Inc., will sponsor the following practice-management seminars for 1997.

How to Run a More Profitable Practice

This one-day seminar is designed to show you the steps to a smarter, leaner and more profitable practice – in the face of increased competition and decreasing revenues. Learn where your trouble spots are and how to bring them under control. Learn how to reduce overhead and maximize revenues. This seminar is recommended for both physicians and office managers.

Oct. 28 – Sheraton Suites, Cuyahoga Falls
Oct. 29 – Concourse Hotel, Columbus
Oct. 30 – Crowne Plaza Hotel, Dayton

Patient-Flow Management

With the emphasis on managed care and practice efficiency, making the most of physician and staff time is critical. This workshop focuses on maximizing patient flow while maintaining high levels of patient satisfaction. The major issues addressed include: effective telephone management, appointment scheduling methods, front-office and back-office strategies, and dealing with medical records problems.

Dec. 2 – Crowne Plaza Dayton
Dec. 3 – Columbus (hotel yet to be determined)
Dec. 4 – Sheraton Suites, Cuyahoga Falls

Financial Management

Today's managers need a new array of analytical tools and practical strategies to deal with the uncertainty of health-care reform and aggressive competition. Find out how to simplify the financial review. In this one-day seminar you'll learn how to set your own fees and rates. Determine where you are making money and losing money. Find out how to avoid pitfalls. Improve your collection results. Watch *OHIO Medicine* for dates and locations.

The OSMA, in conjunction with the Comer Agency, has planned the following reimbursement and collection seminar for November.

Exploring Reimbursement Issues

This intensive full-day program will explore the most effective techniques for reimbursement and collection in a busy medical practice. Without a productive billing and collecting system, medical offices cannot realize their maximum reimbursement. Participants will take home a workbook full of sample documents and effective protocols to streamline their billing and collecting procedures.

In this workshop participants will explore the advantages of a relative value study, how to use RVUs, the importance of unit counts, effective collection techniques, protocols for collection letters and calls, and the legal issues of collecting.

Nov. 18 – Dayton Convention Center, Dayton
Nov. 19 – Holiday Inn Eastgate, Cincinnati
Nov. 20 – Concourse Hotel, Columbus
Nov. 21 – Sheraton Suites, Cuyahoga Falls

Instructor Wanda L. Adams, CPC, of Adams Physician Advisory, has presented successful workshops all over the U.S., and has discovered that many physicians and other health-care providers are missing out on getting paid for services rendered because of insufficient knowledge of or inattention to coding and managing their receivables.

If you have questions or would like to register, contact the OSMA's Department of Meeting Management at 1-(800) 766-6762, Ext. 136. ■

COLA unveils shortened name

The Commission on Laboratory Accreditation, a national health-care accreditation organization, has changed its name to simply COLA. A new company logo has been introduced, along with the tag line: "Quality. Commitment. Excellence."

J. Stephen Kroger, MD, COLA's chief executive officer, says "the new identity reflects COLA's continuing commitment to higher standards of health-care delivery."

In recent months, COLA's services, which include new programs for community hospital laboratories and medical practices, have expanded in response to the needs expressed by physicians and medical professionals in the marketplace.

COLA has accredited more than 10,000 organizations nationwide. ■

Educational Opportunities

The following educational activities are being offered by the OSMA Department of Continuing Education and Outcomes Research.

"BWC HPP – Transitioning Theory Into Reality"

The OSMA is sponsoring a series of six half-day statewide educational meetings intended to specifically address physician needs for education on the Bureau of Workers' Compensation's new managed-care system – the Health Partnership Program (HPP). The seminars will be held on the following dates:

Sept. 9 – Cincinnati	Sept. 18 – Independence
Sept. 10 – Dayton	Sept. 23 – Canton
Sept. 17 – Toledo	Sept. 24 – Columbus

The meetings will address the HPP program components, reporting requirements, program oversight, and the roles and responsibilities of the bureau, physicians and managed-care organizations. The OSMA designates this activity for **4.5 hours of Category 1 CME** of the AMA Physician's Recognition Award. For more information contact the OSMA at **1-(800) 766-6762, Ext. 123.**

"Legal Issues Affecting Modern Health-Care Delivery"

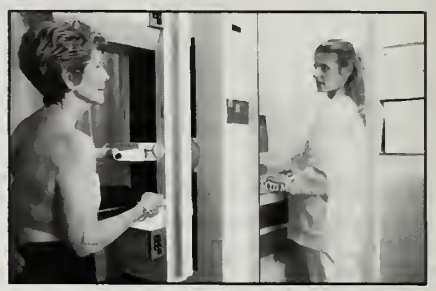
The OSMA, in joint sponsorship with the Ohio State Bar Association's Health-Care Law Committee, will sponsor this seminar Sept. 26 at Adam's Mark Hotel, Columbus. It will focus on legal/medical issues geared to meet the needs of practicing physicians and attorneys in health care. The OSMA designates this educational activity for **6 hours in Category 1 CME** of the AMA Physician's Recognition Award. For more information contact the OSMA at **1-(800) 766-6762, Ext. 144.**

"Telemedicine and the Electronic Medical Record"

Following up on the OSMA Group Practice Section's suggestion that information about electronic technology is needed, the OSMA is promoting this seminar, sponsored by The PIE Mutual Insurance Co., Sept. 27 from 8:30 a.m. to 12:30 p.m. at the Hyatt Regency Convention Center, Columbus. PIE designates this educational activity for a maximum of **4 hours of Category 1 CME** of the AMA Physician's Recognition Award. For more information, contact PIE Mutual at **1-(800) 228-2335, Ext. 8409**, or the OSMA at **1-(800) 766-6762, Ext. 144.**

Health department offers primer, free screenings

Public Health



September is Women's Health month, and the Ohio Department of Health (ODH) has two programs especially appropriate this time of year:

MANAGING BREAST PROBLEMS PRIMER

The Ohio Department of Health's Breast and Cervical Cancer Project wants to help you manage common breast problems, according to the protocol developed by the Centers for Disease Control (CDC), and approved by the governing bodies of the Society of Surgical Oncology and the Commission on Cancer of the American College of Surgeons.

A booklet, "Evaluation of Common Breast Problems: A Primer for Primary Care Providers," distributed by the CDC, is available through the state health department. The primer provides guidelines for the evaluation and management of common breast problems and help in dealing with abnormal clinical breast examinations. For a copy of the booklet, contact the ODH Breast and Cervical Cancer Project at (614) 644-8700.

FREE SCREENS FOR LOW-INCOME WOMEN

Physicians who treat low-income women without insurance should know about a 4-year-old free screening program, funded through a federal grant and made available by the Ohio Department of Health.

The program offers women with abnormal test results the following free preliminary screening tests: pelvic exams, Pap tests, clinical breast exams and mammograms. These women will then be assisted with diagnostic services and in finding other services as needed.

To qualify for the program, women must be: in households with incomes less than 200% of the poverty level; uninsured or underinsured; 40 years of age and older for Pap tests and clinical breast exams; and 50 years of age and older for mammograms.

If you have patients you believe may qualify for the program and would like to refer them, contact the Breast and Cervical Cancer Project office in your region. For a map of the 12 regional offices, contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #32. ■

PIE/Doctors' merger creates largest liability insurer

Managed-Care News

The PIE Mutual Insurance Company has announced it will form a partnership with The Doctors' Company of Napa, California. The merger would form the largest physician-owned and -governed medical malpractice insurer in the country.

For more than a year, PIE has been searching for a partner with which to form a strategic alliance. The Doctors' Company has a similar background as PIE's, having formed in the mid-1970s in response to the crisis in the availability of medical malpractice insurance.

Larry E. Rogers, president and chief executive officer of PIE, says the insurer's new affiliation demonstrates its ongoing commitment to its founding principles, "with physicians deciding who should be insured, with physicians deciding when a claim is medically defensible, and, when the choice is to defend, providing legal counsel for the strongest possible defense."

PIE Mutual has more than 15,000 member-insureds (including physicians, dentists and oral surgeons) in nine states. The Doctors' Company provides coverage to nearly 19,000 physicians in group and solo practices and in clinics, hospitals and other health-care facilities across the nation.

Dayton, Cincy health systems may merge... TriHealth and the Franciscan Health System of the Ohio Valley, Inc. have announced they're discussing combining five acute-care hospitals in Cincinnati and a medical center in Dayton. TriHealth, which was formed in January 1995 to combine Bethesda and Good Samaritan hospitals, now includes three acute-care hospitals: Good Samaritan, Bethesda Oak and Bethesda North hospitals. The Franciscan system, which was formed in 1996, includes two acute-care hospitals in Cincinnati – Franciscan Hospital-Mt. Airy Campus and Franciscan Hospital-Western Hills Campus – and Franciscan Medical Center in Dayton.

If the merger occurs, TriHealth would have the same number of hospitals as Health Alliance, the area's other major hospital group. ■

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Med-Econ, Inc....11
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Medical Protective Co....14
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October 1997

OHIO Medicine

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Photo by Karen Kirk

OMPAC Recruits New Members

Members of the OMPAC Committee recently held a telephone recruitment drive in an effort to sign up new members. Diligently working the phones are (from left): Daniel Handel, MD; OSMA Alliance member Dee Talmage; Terry Barber, MD; and Craig Anderson, MD. (See story on Page 4.)

House vote expected on OSMA/Kaiser act

■ *Contact your representative now to show your support of this bill.*

The Physician-Health Plan Partnership Act (PHPPA) is expected to come up for a vote on the floor of the Ohio House by the middle of this month. Now that a vote appears imminent, the OSMA is urging all members to contact their representatives now to express their support of the measure.

The Physician-Health Plan Partnership Act (House Bill 361) was drafted as a cooperative effort between the OSMA and Kaiser-Permanente.

The bill presents a number of managed-care reform proposals that are expected to improve patient access to health care and help to standardize health-plan practices across Ohio. Its principles are these:

- Patient care must be a cooperative endeavor between physicians and patients, based on trust and open communications.
- To ensure quality care, physicians must be involved in treatment decisions, utilization review and quality-assurance processes.
- Patients must have access to easy-to-read explanations of policies, procedures and operations of their health plan.
- Patients must have the right to appeal decisions regarding denial of coverage and to seek the advice and assistance of their physicians without concern of retaliation against either the patient or the physician.
- Physicians should be able to focus more on medical issues and patient needs rather than on the business of health care. (See "What the PHPPA means to doctors" on Page 3 for information on specific provisions in the bill.)

This summer, more than 600 physicians sent for the PHPPA speaker's kit to address the need for this legislation with hospital groups, community groups and others. But the OSMA still needs your help. Contact your representative now.

What You Can Do: If you would like a PHPPA speaker's kit, contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and request Item #33. If you have questions about the bill, how to contact your legislator or who your representative is, call the OSMA Department of Legislation at 1-(800) 766-6762 for assistance. ■

Physicians dropped from panel sue Anthem

■ *Two lawsuits represent a common-law application of the any-willing-provider concept.*

The excision of nine Cincinnati specialists from an Anthem Blue Cross & Blue Shield provider panel has rekindled the debate between physicians and insurers over the need for an "any-willing-provider" law in Ohio.

The physicians filed two separate lawsuits against Anthem, alleging that the insurer wrongfully dropped the physicians from its provider networks, even though the doctors accepted the insurer's reimbursement rates. Anthem has said that the physicians are still members of some of the insurer's provider panels.

The lawsuits are expected to be watched carefully as they revisit the issue of whether Ohio needs an any-willing-provider law. Such a law would force managed-care plans to allow any physician who accepts their reimbursement rates on their provider panels. Insurance companies and managed-care plans oppose such a measure, saying the ability to customize their provider panels is what makes the insurers viable, and they have provided formidable opposition at the Statehouse when any-willing-provider legislation has been proposed.

At the heart of the matter, say physicians, is the ability to provide quality care to patients and the encroachment of managed care on the doctor-patient relationship.

Specialists in particular have alleged that insurers use high-caliber provider panels to win lucrative contracts with area businesses, then unceremoniously drop specialists in favor of the bottom line.

The OSMA supports the concept of any-willing-physician provider (Amended Resolution 17-95) and of point-of-service options (Amended Resolution 27-95).

OHIO Medicine will provide more details on this story next month. (For a related article, see "Point-of-service legislation delayed" on Page 6.) ■

Lab codes may change

Physicians may find themselves coding laboratory services quite differently next year, but for now, the AMA is keeping silent about any changes to its *Physicians' Current Procedural Terminology* (CPT).

"Physicians need to be on the alert for significant changes in the laboratory section of the CPT for 1998, more specifically in the automated multichannel laboratory testing subsection," says Jillian Phillips, a certified procedural coder in the OSMA's Department of Ombudsman Services.

"I'm not able to give any more information than that, but these changes will have a profound impact on the way physicians bill for these particular lab services."

The changes are scheduled to be revealed at the AMA's annual CPT Symposium in Chicago in November and published in that month's *CPT Assistant*. Phillips, who will be attending the conference, is expected to update *OHIO Medicine* in time for its December issue.

In the meantime, physicians are encouraged to watch for any updates from the AMA. ■

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What the PHPPA means to doctors

Bills, Laws & Rules

Now that the Ohio House of Representatives is due to vote soon on the OSMA-Kaiser Permanente bill known as the Physician-Health Plan Partnership Act (House Bill 361), it's time to become familiar with what this legislation has to offer you and your patients. Its key provisions are listed below.

STANDARDIZED CREDENTIALING

The Ohio Department of Insurance would be required to establish a standardized credentialing form to be used by all managed-care plans for credentialing and recredentialing providers.

CONTRACT DISCLOSURE

Before a physician enters into a participation agreement, he or she may request and receive, among other things, specific information about how he or she is to be reimbursed. If a contract is to be amended by a plan, the physician would be notified prior to the amendment and given the option to terminate.

GAG CLAUSES

Gag clauses would be prohibited from all plan contracts.

RETROACTIVE DENIAL OF PAYMENT

Plans would be prohibited from denying payment for treatment for an eligible enrollee after they had already granted prior authorization.

CORRECTIVE ACTION RIGHTS

A physician will be given notice prior to termination of a contract on the basis of the delivery of healthcare services. The physician will then develop a performance improvement plan with the third party. If the contract is terminated for failure to comply with the performance improvement plan the physician may appeal to the medical director. If a satisfactory solution to the appeal cannot be reached then the physician may appeal the termination to a panel of participating physicians, including a representative of the physician's specialty. The panel's recommendations will be presented to the medical director who renders the final decision.

PATIENT INFORMATION ABOUT THE PLAN

Plans would be required to provide their enrollees with complete and comprehensible information about what their MCO does and does not cover, as well as its rules and regulations.

DRUG FORMULARIES

Plans with restrictive drug formularies would be required to allow physicians to prescribe nonformulary drugs if the formulary equivalent is not effective for that patient or may cause harmful side effects. The drug would be available without additional cost.

STANDING REFERRALS

Plans would be required to allow patients who need continuing care from a specialist to have a standing referral to that specialist.

EXPERIMENTAL TREATMENTS

Each plan would be required to establish an internal review process to assess experimental treatments.

PATIENT GRIEVANCE RESOLUTION

Patients would be given the right to appeal decisions regarding denial of coverage and to seek the advocacy and counsel of their physicians without concern of retaliation against either the patient or physician.

QUALITY ASSURANCE

Participating physicians would be given the opportunity to participate in developing, implementing and evaluating a plan's quality-assurance program.

EMERGENCY SERVICES

Plans would be required to provide coverage under the "prudent layperson" definition.

ECONOMIC PROFILING

Plans would be required to consider the case mix, severity of illness and age of patients when deciding if a physician may participate in the plan.

APPLICATION STATUS

Plans would notify physicians applying to participate of their status within 120 days of receipt of the application.

INCLUSION OF MATERIAL NAMED IN CONTRACT

If a plan refers to any material in its contract a copy of that material must be provided to the physician upon request.

CONFIDENTIALITY

When obtaining medical records, plans would be required to use a release form that explains what information may be disclosed under the terms of the release. Physicians may obtain the form upon request.

UTILIZATION-REVIEW ACTIVITIES

Plans would be responsible for monitoring all UR activities, whether they are conducted by the plan or by an outside agency. Adverse decisions could be appealed and reviewed by a clinical peer. Plans would also be prohibited from offering any type of incentives for inappropriate review decisions.

What You Can Do: If you have questions, contact the OSMA Department of Legislation at 1-(800) 766-6762. ■

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CME credit available

A training manual used in conjunction with OSMA-sponsored seminars is now available for physicians who would like to earn CME credit. The manual addresses the Bureau of Workers' Compensation's new Health Partnership Program. "The BWC HPP: Transitioning Theory Into Reality" is available to HPP providers for $50, but CME credit will only be offered for a limited time. For more information contact the OSMA's Cathy Sonnhalter at 1-(800) 766-6762, Ext. 144. ■

Inside

■ **POINT-OF-SERVICE OPTIONS** may be an effective tool in today's managed-care marketplace, but a subcommittee says more research is needed before the OSMA can draft legislation on this subject...**6**

■ **PEER-REVIEW RECORDS** would be accessible to the State Medical Board if the board follows through with proposed legislation allowing its investigators access to those files...**8**

■ **BWC CLAIMS FILING** could be easier with new, free software that facilitates communications between your office and the bureau...**9**

■ **CHRONIC PAIN MANAGEMENT** is a subject that can't be taken lightly, as one Ohio doctor, who found his license permanently revoked, recently discovered...**11**

■ **PAIN-CONTROL EDUCATION** is imperative if physicians are to ever learn to treat intractable pain properly...**13**

■ **PUBLIC HEALTH** is now on the OSMA's Top 5 list of legislative priorities, and a new committee is attempting to rank public health concerns in an effort to determine which initiative to tackle first...**14**

■ **UNINSURED CHILDREN** will have greater access to your office, thanks to both state and federal child health initiatives that widen the insurance coverage net for the poor...**18**

■ **RAW DATA COLLECTED** from deregulated facilities will be protected under legislation that will be proposed by the Ohio Department of Health...**19**

Free Information

Selected *OHIO Medicine* articles run with an item number you can use to order free, additional information and reports. Call 1-(800) 766-6762, Ext. 228. Leave your name, address, phone number, the item number(s) you're requesting and the issue you're ordering from.

- Item #33 – PHPPA speaker's kit
- Item #34 – Legislative update
- Item #35 – Medicaid handbooks

Lawyers lead PACs; physicians slip from Top 10

■ *OMPAC launched a telephone campaign last month to enlist physician support.*

OSMA members may be politically astute, but they're not necessarily politically active. In fact, 55% of 400 members polled recently about their political activity say they are not at all involved in the political process, although 80% say they always vote in elections, and 50% "sometimes" call or write their legislators.

The survey was conducted to determine members' perception of and involvement with OMPAC, the Ohio Medical Political Action Committee. Although most respondents were aware of this political fund-raising arm of the OSMA, only 21% said they are current OMPAC members, another 18% said they were previous members and more than half of the respondents had never been members.

MEMBERSHIP DOWN NATIONWIDE

"PAC membership is down all over the country, in all levels of organized medicine," says OSMA political affairs coordinator Krista Bistline, who monitors PAC growth. Yet some groups, like trial lawyers, continue to support strong PACs. Survey respondents seem to know how effective PACS can be. Forty percent rate PAC impact on politics as positive, and nearly 72% say PACs are at least somewhat effective in shaping laws.

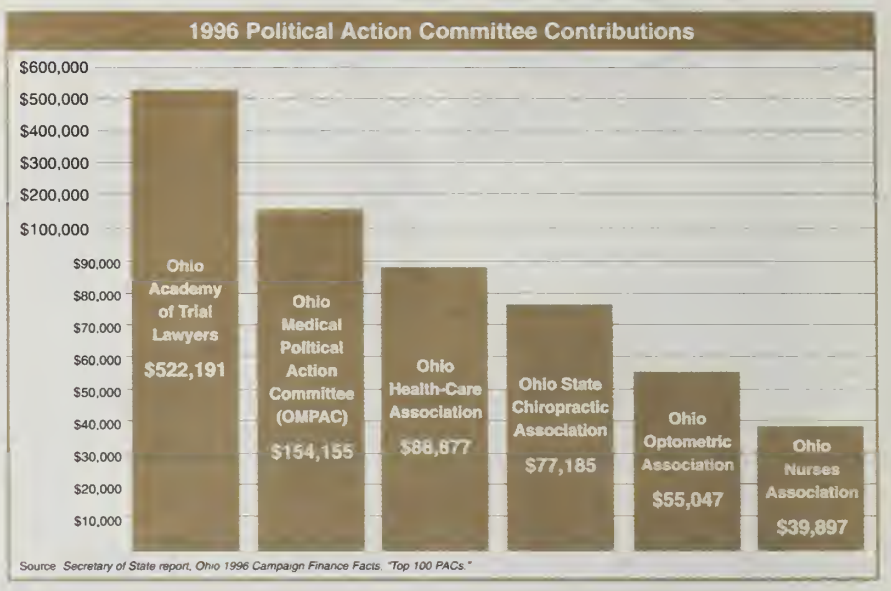
That leaves the question, then, why aren't more OSMA members reaching for their wallets? At present, OMPAC's membership is 1,524, only 14% of total OSMA membership. The exclusive "300 Club" (admittance is through donations of $300 or greater) has a membership of just over 50.

"There's a delinkage between the members' knowledge that PACs can help shape the political process and their participation in the process," says Daniel Handel, MD, Youngstown, OMPAC chair. He's disappointed in the steady decline of OMPAC membership. "We've lowered the bar from previous years and we still can't make our goal."

Unless members provide OMPAC with the funds needed to support medicine's friends in the Statehouse and other elected offices, Dr. Handel, says, "We won't be able to deliver the successes that we have in the past – successes like the tort-reform law and removing prescriptive authority from the APN (advanced practice nurses) bill."

ISSUES NEVER ENTIRELY "WON"

Dr. Handel isn't sure why physicians aren't contributing to the PAC. Maybe, he says, members are apathetic about political involvement, pinching pennies or frustrated by the Legislature's slow pace.



"I think managed care is creating a level of frustration, and doctors want some legislative relief. They have to realize, however, that the political process takes time, and it's not always a straight line."

ACCESS TO LEGISLATORS INVALUABLE

OMPAC contributions give the OSMA access to legislators, not only to present medicine's views on important health-care issues, but also to educate them on those issues.

Right now, Dr. Handel says, boosting OMPAC membership is his number one priority and he's making personal phone calls to make an appeal.

"On the survey, members said they would rather receive information about the PAC at a hospital staff meeting or county society meeting. But those meetings aren't always very well attended, and we need members now in order to do our job effectively. In the last election cycle, we were in the top 10 PACs; this election cycle, we're number 17. We're doing our job. We've shown the members we're effective. It's time for them to support us. It's their responsibility. OMPAC membership should be viewed as an obligation, not an option."

What You Can Do: To join OMPAC, contact Krista Bistline, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 223. ■

More info needed on point-of-service options

■ *An OSMA subcommittee wants market research conducted before it will draft a bill.*

Before point-of-service legislation is drafted, the OSMA's new Subcommittee on Point-of-Service Options says more market research needs to be done.

"It's clear the OSMA House of Delegates wants to improve patient access to their physician of choice," says Robert Schulz, MD, the subcommittee's chair, "but we need to more clearly define the extent of the problem in Ohio before we can start to work on a solution." (See related story below.)

Of particular concern to the subcommittee is the fact that more than half of the health plans in the state would be exempt from a POS mandate, due to an ERISA exemption. That's one reason the subcommittee is looking at other ways to increase the ability of patients to choose their physician.

In addition to researching the marketplace, the subcommittee also has several questions for members: Do physicians believe that managed-care plans' closed panels are causing them to lose patients or are patients dissuaded from using out-of-network doctors because of increased out-of-pocket costs? The subcommittee recommends a member survey be done to solicit response.

Information from members and the market will be used to determine how an optimal point-of-service (POS) bill might be drafted. Such legislation needs to address the patient access problem, while also diffusing plan concerns that POS options raise costs and lower quality of care for patients.

At present, three bills in the Ohio House include some POS language. House Bill 99 offers employers a tax credit if they offer a preferred provider or traditional fee-for-service plan. House Bill 227 requires managed-care plans to offer a POS option, and House Bill 226 mandates plans to accept any provider willing to accept the plan's fee structure and regulations.

If the subcommittee recommends to the OSMA Committee on State Legislation that a different POS bill is needed, a measure could be drafted and introduced after the Physician-Health Plan Partnership Act (PHPPA) is passed. The PHPPA is the OSMA-Kaiser backed bill that proposes major health-care reform initiatives in Ohio. ■

Committee seeks data

Here's the market information that the OSMA's subcommittee on point-of-service (POS) wants to know:

- Which Ohio plans offer a POS option?
- What do these options cost enrollees?
- How do POS options offered by nonprofit plans differ from those offered by for-profit plans?
- How well used are POS options?
- How many ERISA plans offer a POS option?

BWC allows reimbursement exception

Regulatory Watch

The Bureau of Workers' Compensation (BWC) has announced a slight change in its policy of denying reimbursement to physicians who are not yet certified to participate in the bureau's new managed-care program known as the Health Partnership Program (HPP).

Last month, *OHIO Medicine* reported that physicians who had applied to become an HPP provider, but who had not yet been certified by the bureau by Sept. 1, would cease to receive reimbursement after that date. While that policy still holds true, the bureau has since announced that it will reimburse uncertified physicians until Jan. 1 *if they are a member of a managed-care organization's provider panel*. The BWC's decision apparently signals that the bureau is temporarily accepting managed-care organizations' provider panel standards. Physicians on those panels, however, are expected to complete the HPP provider certification process.

OHIO ENVIRONMENTAL PROTECTION AGENCY

Infectious waste rules amended... Rules regarding the disposal of "sharps" have been clarified by the Ohio Environmental Protection Agency (EPA).

Physicians should note that the following should be placed in approved sharps containers:

- Sharp infectious waste (defined as sharps used in the treatment, diagnosis or inoculation of humans or animals that have or could have come in contact with infectious agents in medical, research or industrial laboratories, including hypodermic needles and syringes, scalpel blades and glass articles that have been broken).
- All unused discarded hypodermic needles, syringes and scalpel blades.
- All discarded hypodermic needles, syringes and scalpel blades used by the generator that are not infectious wastes.

The rules also clarify the requirements for quantifying the amount of infectious waste generated: Physicians who generate less than 50 pounds a month may still transport and dispose of infectious wastes in the same manner as solid wastes, provided that they treat the waste or ensure that it is treated at an approved treatment facility.

If you would like a complete copy of the rules, contact the Ohio EPA's Infectious Waste Unit at (614) 644-2621. The agency also is offering training sessions this month around the state to explain the recent changes. For more information, call (614) 728-5315.

OHIO DEPARTMENT OF HUMAN SERVICES

OSMA comments on Medicaid rules... Citing the increasing costs that physicians are being asked to bear by numerous parties, the OSMA recently submitted written comments to the Ohio Department of Human Services regarding its Medicaid managed-care rules. Those rules would require physicians who contract with Medicaid managed-care plans to transfer medical records to new providers at no cost to enrollees. The OSMA is asking the department to consider reimbursing physicians for those costs. ■

Board wants access to peer-review records

State Medical Board

The State Medical Board of Ohio wants the "big picture" when it comes to investigating complaints against physicians, so it will seek legislation that allows its investigators access to hospital peer-review records.

Board member Anand Garg, MD, says the legislation is not a witch hunt. If the proposed measure passes, only the peer-review records for the physician under investigation will be subpoenaed. The board does not intend to ask hospitals for all their peer-review records in an attempt to find wrongdoing.

Currently, the medical board can subpoena hospital records that serve as the basis for a peer-review action, but the board must then rebuild the case to determine if a violation has taken place. Board members say immediate access to a peer-review committee's records would not only streamline board investigations, but also enable its investigators to learn if other hospitals have initiated peer-review action against the physician under investigation.

Before proposing the need for legislation, the board surveyed other state licensing agencies to determine their access to peer-review records. Twenty-five states responded and, of those, all but three or four states had direct access to peer-review information.

Some board members questioned whether or not peer-review committees could remain effective once their discussions were accessible to boards and open to public disclosure. However, Anne Strait, assistant Ohio attorney general, responded that information obtained through subpoena under current Ohio law is not discoverable in a civil action – it's protected by the board's confidentiality provision.

OHIO Medicine will continue to update you on this matter as developments occur.

OF INTEREST

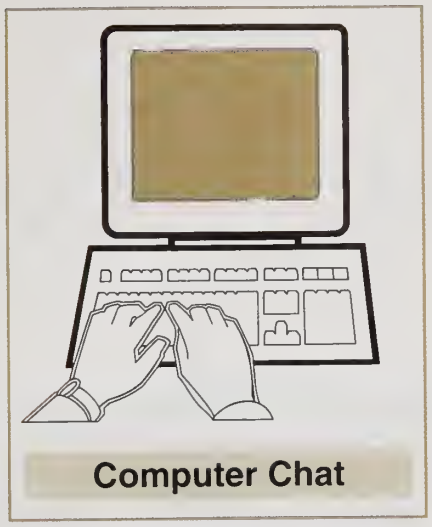
Eyeglass policy statement considered... Board members are considering issuing a policy statement on eyeglass prescriptions that would be consistent with the board's current contact lens policy. The board believes a statement may be necessary because patients are placing physicians in the position of renewing eyeglass prescriptions that are two, three, even four years old without the benefit of an examination.

Spoken English test may be board-administered in future...A board committee studying the spoken English evaluation test has recommended that statutory language be prepared that will allow the test to be given by the board rather than the educational testing service (ETS), which currently administers the test. The medical board would collect a fee for its services.

Several questions were raised as to whether or not a physician, who had successfully passed the ETS test in a different state, would have to retake the Ohio test. The board decided those details would be worked out as the statutory language was developed. ■

Software takes pain out of BWC claims filing

Editor's Note: *As part of its Computer Chat column, OHIO Medicine will periodically report on computer software available for medical professionals. The OSMA, however, does not endorse any software product. The reports published here are for informational/educational purposes only.*



Are you tired of the paper chase? Wondering what happened to your Workers' Comp claims? A company in Alabama, STAR Advanced Communication Concepts Corp. (SAC3), may be able to help.

SAC3, a telecommunications company, set out three years ago to provide a flexible and cost-effective communications network to speed the flow of state-mandated reports between employers, insurance companies, claim administrators, physicians and state agencies. The network, the National Industrial lnjury Data System (NIIDS), allows physicians to file claims and keep tabs on the progress of their claims.

Since Workers' Compensation claims involve several different parties, communications usually is done on paper, either through the mail or by fax. Though most of the parties have computers, their systems can't talk to each other. SAC3 is providing the tools to allow the data from these different systems to talk and work together – electronically.

FREE SOFTWARE THAT'S PC-COMPATIBLE

The SAC3 software is free to doctors and hospitals and works without any additional equipment because the program runs on the same IBM-compatible PCs many physicians already have in their offices. SAC3's customer base is primarily insurance companies, call centers and third-party administrators who pay a nominal fee for installation, personalization and distribution rights to NIIDS software. The company derives revenue from transaction fees charged when customers and their clients use the software to transmit records over NIIDS. The company currently represents 10 Ohio managed-care organizations, and more are expected to join in the near future.

"Most physicians want to file and forget it," says Scott Lund, vice president of marketing for SAC3. "They want to make sure they get paid, but they don't want to do any extra re-keying of data."

NIIDS consists of:

- **AlertLink** – handles initial notification of key players when an injury occurs.
- **FirstLink** – deals with generating and transmitting the First Report of Injury and receiving the BWC claim number and status.
- **MedBillLink** – used to transmit medical bills and receive remittance notices.
- **PlanLink** – facilitates solicitation of inputs, and generation and transmission of treatment plans.
- **ClaimLink** – addresses authorization for payment of medical bills.

STATE-SPECIFIC FIRST REPORTS

The software performs edit checks so that no incorrect data can accidentally be sent, then dials the phone and transmits the data for you. Lund points out that physicians can also use the system to monitor the status of their Workers' Compensation claims. The status can be checked by claim number, the patient's Social Security number or date of injury. "With this software in place," Lund says, "the physician can contact the BWC and say, 'I sent that claim to you last month on Friday at 1 p.m. The MCO got paid last week – where's my money?'"

For additional information about NIIDS, see the company's Web site at www.sac3.com, e-mail them at sales @sac3.com, or call Scott Lund at (205) 882-1610. ■

Rating the software

"Helpful, easy to install," says physician

OHIO Medicine asked John Murrey, DO, an Athens radiologist who has experienced some problems with reimbursement from the Bureau of Workers' Compensation, if he'd take a look at the SAC3 software package and let us know his thoughts.

"It's not a bad piece of software," says Dr. Murrey. "If your office does a moderate to large volume of Workers' Compensation claims, it would be worthwhile. I think it's designed for physicians and employers who do primary claims report filing to the Bureau of Workers' Compensation.

"The software was easy to install," Dr. Murrey continues. "I installed it on three different computer systems in my office." The few problems Dr. Murrey did run into were quickly solved by the technical support staff at SAC3. "The staff was very knowledgeable. I received immediate response to my questions."

Dr. Murrey thought the package would be helpful to most office staffs, and thought staff would find it easy to learn and simple to use.

While Dr. Murrey noted that some of the information is accessible on the Bureau of Workers' Compensation Web page, he says having the software, especially since it's free, would be more convenient for claims filing. "Most offices would not have to invest in new computers since the hardware requirements for the software system is minimal by today's standards and probably already present in anyone's office who is currently doing electronic billing." ■

Lay midwives may face regulation in Ohio

Legislative Roundup

At the July meeting of the Direct Entry Midwifery Study Council, supporters of lay midwives, especially the Amish, turned out in huge numbers to speak to members of the council.

"It was a concerted effort," says Donald Bryant, MD, Columbus, the OSMA's representative on the council. Only 15 of those present were allowed to speak, including two educational experts who testified that the new certification program for lay midwives was excellent, although they were unable to answer whether or not the program weeded out unqualified midwives.

"We just went through establishing a rigorous credentialing program for nurse midwives," says Dr. Bryant, referring to the work completed last year on Senate Bill 154, the advanced practice nurses bill. "Why should lay midwives adhere to different standards? They should adhere to the same ones."

Carol Egner, MD, Cincinnati, who represents the State Medical Board on the council, told the board in July that there is a lack of available statistics on deliveries performed by lay midwives. One woman, she said, told the council that she assisted in 300 deliveries with three deaths and 50 transfers, numbers that Dr. Egner says she finds appalling. She also pointed out that there is a lack of consistent prenatal care and little, if any, informed consent when lay midwives are involved.

The council is to prepare a report for the Legislature on whether or not lay midwives should be regulated, or left unregulated, in Ohio. Their last report is due at the end of the year.

Health-care legislative update available... The OSMA has prepared a report of health-care bills it is following and the current status of those bills. If you would like a copy of the report, contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #34. ■

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KENTUCKY MEDICAL INSURANCE COMPANY

Managing chronic pain: how one doctor failed

Editor's Note: *The following article is based on an actual medical board case. The name of the doctor has been changed. Also, an attorney presented the case to the board, not the doctor himself. The rest of the facts are accurate.*

Dr. Sam Mitchell has treated patients with chronic pain for years, but this is the first time he ever had to account to the State Medical Board of Ohio for his treatments.

Article

Now, here he was in Columbus, far from his solo, small-town practice, at a disciplinary hearing – his medical license at stake. Apparently, the medical board had a problem – a big problem – with how Dr. Mitchell managed pain.

No one has ever called pain management easy. Doctors walk a fine line every time they prescribe medication for patients who need more and higher doses of controlled substances, just to feel some relief. When is the patient at risk of addiction, and how do you balance that risk against the patient's need for something – anything – to alleviate his or her suffering?

NEW LAW ADDRESSES PROBLEM

Those were the questions legislators wrestled with earlier this year while considering House Bill 187, the measure that became known as the pain-control bill. The legislation passed early this year, and the new law becomes effective Oct. 14. With it comes a mandate to the medical board to adopt rules establishing treatment guidelines for chronic pain.

Yet, since 1995, the board has had a position on the management of chronic benign pain, and board secretary Thomas Gretter, MD, says even as rules are developed in compliance with the new law, the principles behind the board's position remain in place.

TREATMENT PLAN BASIC, ESSENTIAL

Writing in the summer issue of the board's publication, *Your Report*, Dr. Gretter notes that the base standard in pain management, as it is in all forms of medical care, is the need for a treatment plan and follow-through on that therapeutic plan.

"It is the failure to meet these minimal standards of care – not the use of scheduled drugs per se – that prompts the board to take action in these instances," he explains.

It was this failure, in fact, that brought Dr. Mitchell to Columbus in late summer.

THE DOCTOR'S VIEW

As Dr. Mitchell told board members, he meant well, but he was overwhelmed by a practice made up primarily of patients at or below the poverty line who have lived with chronic pain for years. Many were Workers' Compensation claimants whose payments had been terminated, or their requests for rehabilitation denied. They appeared on his doorstep with very real needs. What could he do? There were no sophisticated pain-control centers in his rural environment. Even specialists were few, and some distance away.

So, he prescribed controlled substances for them. Nothing dangerous like opium. Just Darvocet, Percodan, maybe some Tranxene to ease their migraines and alleviate depression. And analgesics, of course. One strong agent, one less strong. "Take this one only when the pain is severe," he cautions his patients when handing them the prescription for the stronger drug. He believes his patients are trustworthy. Now, he says, maybe he was naive to believe that. He tells the board he's uncertain how to address the needs of his patients. Some are his by default. He is the primary care physician, the one they see after the healing effects of surgery have worn off, the Workers' Compensation eliminated. He's the one who has to deal with their manipulations and untruths when their condition makes them desperate enough to try anything to relieve their pain. What should he do?, he asks the board. Provide some guidelines. Give me additional training in pain control. But don't take away my license to practice medicine.

THE BOARD'S VIEW

The guidelines are there, he's told. They are the minimal standards of care. But the board agrees he could use additional training in managing pain. As one member notes, using Darvocet and Percodan for the treatment of migraines was pretty good care in the 1960s. But it doesn't cut it in the 1990s. And what about the suicidal patient who had been prescribed Percocet, Darvocet and Tranxene – maybe even Valium?

Dr. Mitchell's problem, said the board, was his polypharmacy approach, his lack of a documented treatment plan, and failure to follow up with patients on the therapy he prescribed. To make matters worse, three years ago, when the board became suspicious of the quantity of drugs he prescribed and subpoenaed his patient records, Dr. Mitchell cut off patients abruptly from the controlled substances they had taken for years. At least two exhibited signs of withdrawal, but were ignored or told it was the flu.

The board isn't one to take revocation of a license lightly. Several members opted for suspension with the requirement of a miniresidency in prescribing for Dr. Mitchell. But Dr. Mitchell's misuse of drugs finally proved too egregious for the majority of board members. His license was permanently revoked.

MORE EDUCATION NEEDED

This doctor's failure is not presented here as a dire warning of what could happen if you try to treat your chronic-pain patients. In fact, the board shares legislators' concern that pain is often undertreated by the medical profession.

"There are many modalities for pain management," Dr. Gretter writes in *Your Report*. These need to be "evaluated and considered in each case."

Eventually, however, physicians need to be become better educated on the subject of pain management. The board's new rules should help. Its current position paper, which includes guidelines for the use of opiates, also provides some much-needed information. The best eduation, however, may come from the Ohio State Medical Association, which is currently developing a handbook for the treatment of chronic pain. This book will be distributed to all Ohio physicians, whether or not they are OSMA members.

Because the OSMA was successful in removing from the bill a mandated medical education course on pain control, the Legislature will hold physicians responsible for learning all they can on this subject – and demonstrating their knowledge through better pain management.

The State Medical Board of Ohio is also likely to watch doctors more closely on this subject in the future.

A rural physician forced to care mainly for the poverty-stricken, Dr. Mitchell apparently operated in a vacuum when it came to pain control.

What You Can Do: If you're not sure how to manage pain properly, now is the time to learn. Contact the State Medical Board of Ohio, 77 S. High St., 17th Floor, Columbus, OH 43215, (614) 466-3934 for the summer issue of *Your Report*. It contains an article by board secretary Thomas Gretter, MD, on the subject of pain management. If you have specific questions about HB 187, which addresses pain management, contact Krista Bistline, OSMA Department of Legislation, at 1-(800) 766-6762, Ext. 223. If you have questions about minimal standards of care or disciplinary hearings, contact Katrina English, OSMA Division of Legal Affairs, at 1-(800) 766-6762, Ext. 122. ■

(For a related story, see Page 13.)

Second Opinion

Proper pain management sorely needed

■ The lack of education continues to be the major barrier to adequate pain management.

By Warren Wheeler, MD

On July 15, 1997, Gov. George V. Voinovich signed House Bill 187, which amends sections of the Ohio Revised Code regarding authority of physicians to prescribe, dispense and administer controlled substances for the management of intractable pain. Even though it has been legal, physicians in the past have been reluctant to prescribe Schedule II drugs for chronic, nonmalignant pain, for fear of losing their license to practice medicine.

Warren Wheeler, MD

POSITION PAPER REVISTED

The State Medical Board of Ohio revised a position paper Aug. 14, 1996 for use of scheduled drug therapy, including narcotics for chronic benign pain (CBP – synonyms are chronic benign, chronic intractable and chronic nonmalignant pain.) The paper states that: "Physicians may be reluctant to prescribe potentially addictive analgesics, fearing that law-enforcement agencies and the State Medical Board will prosecute them. No such fear should exist with appropriate and legitimate use."

The American Academy of Pain Medicine and the American Pain Society have issued a consensus statement on the use of opioids for treatment of chronic pain, in that the undertreatment of pain in today's society is not justified. They recommend consultation with a specialist in pain medicine, periodic review of treatment efficacy, and documentation as essential for supporting the evaluation, the reason for opioid prescribing, and the overall pain-management treatment plan.

A number of states have adopted legislation called "intractable pain treatment acts" (IPTAs). The June 1997 Supreme Court decision on assisted suicide is likely to stimulate legislators' interest in IPTAs as a way of addressing inadequate pain management.

IPTAs are often modeled after the highly publicized Texas Act, which was passed in 1989; in 1990, California passed a similar law. The main goal of these laws was to protect physicians from discipline by state medical boards if they prescribed opioids for the treatment of chronic pain.

However, IPTAs may not be the most direct way to accomplish this goal, and, in fact, may create additional barriers for physicians and patients in pain. The language used in IPTAs implies that opioids are a last resort and impose new requirements that could be barriers to pain management.

NO EDUCATION IS BARRIER

I personally feel that lack of education continues to be the major barrier for adequate pain management, whether acute or chronic or benign or malignant. The original House Bill 187 mandated that physicians be required to obtain two hours in pain management of their 100 credit hours required for relicensure every two years. The Ohio State Medical Association dropped its support for HB 187 until the mandatory two credit hours were removed.* This was most unfortunate. Those mandatory two credit hours wouldn't have made pain experts of every physician, but it would have brought the message home and forced medical schools to start offering classes. Also, seminars and conferences would have been obliged to offer topics on pain management since it was a requirement for relicensure.

Chronic pain, whether intractable or malignant, shares the same principles of management: the stair-step ladder approach of the World Health Organization is used, nonpharmacologic modalities, such as relaxation, imagery and TENS are used; coanalgesics are added; and opioids are the mainstay of therapy. The only difference I see is that the chronic malignant pain patients die sooner and chronic intractable pain patients suffer longer.

Anyway, HB 187 is a welcomed addition toward eliminating another legal barrier. Let's just hope that physicians, nurses and pharmacists work toward eliminating the educational barrier. ■

Dr. Wheeler is a Columbus oncologist. *(For a related story, see Page 11.)*

**Editor's Note: Amended Resolution 28-97 of the OSMA House of Delegates policy calls for the OSMA to oppose those portions of proposed legislation that include mandatory topic-specific CME requirements for Ohio physicians. To help assure that the content of the legislation was still achieved, the OSMA volunteered to produce CME material on pain control and mail it to all physicians in Ohio. Dr. Wheeler is serving as a consultant to the OSMA Committee on Education in the production of these materials.*

President's Perspectives

Public health a priority

■ Doctors place public health on Top 5 list; OSMA responds by forming a committee to address concerns.

The OSMA is embarking on a new era of involvement in public health as a result of listening to your concerns on this subject.

I know that many of you have been and continue to be involved in the public health system. Whether it is by serving officially or on a voluntary basis, you have made important contributions to this field.

But through the years the OSMA's involvement has, for the most part, dwindled to working on legislative issues that impact public health. Now, we have come to realize that, as important as legislation is, it is only one of the available tools to improve the health of the public.

Last month, the OSMA's newest committee, the Public Health Committee, met for the first time. Chaired by Richard Wenzel, MD, Toledo, this committee has been charged with steering the OSMA's involvement in this issue.

This committee was formed at the recommendation of the OSMA Committee on State Legislation. But the impetus really came from you, the members of the association.

In reviewing research the OSMA conducted to help set legislative priorities for the year, legislative committee members were surprised to find that public health made the top five for the first time. Along with managed care and insurance reform, member respondents identified public health as a top priority. So important, in fact, that Legislative Committee members recommended forming a separate committee to address this issue.

I have very high hopes for this new committee, but it is faced with a difficult job. It must sort through the vast array of public health initiatives and determine how best the OSMA can use its limited resources. We are fortunate that we have a very important ally on our side – Virginia Haller, MD, the new medical director of the Ohio Department of Health .

Su-Pa Kang, MD

Dr. Haller will serve as an ex officio member of the committee and, as such, bring to the table the vast resources of the ODH. You will be hearing much discussion about this new committee in the coming year. I urge you to give it your support.

To be effective, an association must listen to its members. You have my pledge that we are listening to you.

To update you on my recruitment efforts, I would like to acknowledge the following physicians who have joined the OSMA: Joan C. Cooper, MD, Centerville; Kurt H. Dincman, MD, Elyria; Tina M. Frangowlakis, DO, Gahanna; Sandra Haller, MD, Dayton; Deborah H. Lee, MD, Columbus; Donald P. Lewis, MD, Newark; Michael E. Miner, MD, Columbus; William S. Mirando, MD, Willoughby; Andrew M. Ross, MD, Springfield; Sanjay Sangal, MD, Napoleon; John J. Scerbo, MD, Chardon; Roger C. Stienecker, MD, Zanesville; Joan H. Schiller, MD, Cleveland; and Gabriel J. Yandam, MD, Coshocton. Welcome back to the following physicians after a brief absence: Ninfa Cayayan, MD, Lorain; Zoran B. Botic, MD, Mansfield; Mark A. Koerner, MD, Westerville; Pratima X. Shah, MD, Dover; J. Patrick Sprinak, MD, Elyria; and J. William Wiand, DO, Dublin. ■

Alliance Report

Focus on education

■ The fall conference will address legislation, violence and managed-care issues.

This year's Fall Focus is an opportunity for all members to benefit from the OSMA Alliance whether it be educational or just for fun.

The two-day event planned for Cincinnati Oct. 21 and 22 offers Alliance county presidents, officers and members a chance to learn about the latest legislative concerns, managed-care issues and health programs in their counties.

An OSMA-A board meeting will begin at 1 p.m. Oct. 21 at the Academy of Medicine of Cincinnati, where all the meetings will be held. This will be followed by a reception at the Embassy Suites in Covington, KY, and dinner and a show.

This year, like last, we will focus our energies on educating our communities about violence. On Oct. 8 members kick off two projects for their SAVE Day (Stop America's Violence Everywhere) campaign. Tying in with our efforts to sponsor workshops and programs addressing issues of violence in society, we welcome Phil Vannatter, a retired Los Angeles Police Department detective, who you might remember as the lead detective in the O.J. Simpson trial. He will share his thoughts of why violence (both domestic and juvenile) has become such a problem. Vannatter will speak Wednesday afternoon.

Denise Kneisley

The breakout sessions will include "The ABCs of Running a Meeting;" "Managing Your Spouse's Medical Practice," important information on managed-care contract strategies; and a discussion on health promotion ideas you can try in your counties.

The Fall Focus will conclude with dinner at 6 p.m. on the Grand Victoria Casino riverboat.

This two-day meeting is a great opportunity for alliance members and officers to plan their upcoming year's strategies and share ideas about what has worked in their counties.

I'm looking forward to seeing you all in Cincinnati.

For more information, contact Deborah Blackwell, executive secretary, at 1-(800) 766-6762, Ext. 403. ■

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Agencies join forces to create a smoke-free Ohio

Franklin County

■ The Columbus Medical Association Foundation recently kicked off its anti-smoking initiative at a press conference at Children's Hospital. The foundation has joined forces with 12 Ohio health-care organizations to form the Tobacco-Free Collaborative. The group's goal is to reduce tobacco use among ninth-graders by 50% by the year 2003.

Charles Hickey, MD, chair and president of the Columbus Medical Association Foundation, believes this anti-tobacco program will be successful because, "It will bring together the resources, time and expertise of leading organizations that are committed to reducing tobacco usage in 25 Ohio counties."

The project will take place in four phases running from August 1997 to February 2001. The goals of the collaborative are to:

- Strengthen community coalitions.
- Foster public awareness efforts to denormalize tobacco use, especially among youth.
- Generate public support to adopt a legislative policy plan to reduce the use of tobacco and exposure to tobacco smoke.
- Evaluate the effectiveness of Tobacco-Free Ohio.

A $1.1 million grant from the Robert Wood Johnson Foundation and pledges of $875,000 from lead agencies are making the project possible.

Teresa Long, MD, medical director of the Columbus Health Department, previewed the group's logo – a black-and-white figure standing on one leg with its arms in the air in front of a blue circle. Dr. Long explained the figure represents a happy, active person who is free from tobacco addiction, and the blue circle represents the entire community coming together.

Cuyahoga County

■ Do third-party payor claims still puzzle you? If so, plan on attending the Cleveland Academy of Medicine's seminar, "Solving the Third-Party Payor Puzzle." The seminar will educate physicians and their office staffs on the many different third-party payor claims and managed-care issues. Representatives from Athem Blue Cross & Blue Shield, Medical Mutual of Ohio, Nationwide Medicare, the Ohio Department of Human Services, and the Bureau of Workers' Compensation will be on hand Nov. 17 from 8 a.m. to 4:30 p.m. at the Holiday Inn, Independence, to answer your questions.

Cost of the program is $45 per participant for academy members, OSMA members and contiguous county societies. Others pay $100.

Deadline for registration is Nov. 7. For more information or to register for the seminar contact Tracy Siegman, executive assistant/professional relations assistant at the Academy of Medicine of Cleveland, at (216) 520-1000, Ext. 320.

What You Can Do: If you have news about activities happening in your county, contact *OHIO Medicine* at 1-(800) 766-6762, Ext. 221. ■

Photo by Karen Kirk

Columbus Health Department Medical Director Teresa Long, MD, previews the new logo of the Tobacco-Free Collaborative. The Columbus Medical Association Foundation is one of 12 health-minded organizations coordinating the anti-smoking initiative for 25 central and southeastern Ohio counties.

Medicaid handbooks available

The OSMA has available for members a limited supply of office handbooks designed to assist with claims-filing issues and questions associated with filing Ohio Medicaid claims. "HCFA-1500 Claim Form Information" was originally published by the Ohio Department of Human Services, but a limited supply is now offered by the OSMA. Members may order a free copy by contacting the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and requesting item #35. ■

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Publications to get face-lift; Web site on way

Association Roundup

In January you'll see a new look to *OHIO Medicine* and some of the other OSMA publications – *Medical Staff Bulletin*, for instance, and the newly created *Leadership Briefing*. The redesign will provide a consistent look to all OSMA publications.

OHIO Medicine will continue to bring you short, "read-me-now" articles along with more in-depth reporting of health-care issues focused on Ohio. An expanded contents page will allow readers to locate their favorite columns such as the message from the president, reports from the State Medical Board and Computer Chat, as well as a section on how to run your practice more efficiently.

MEMBERS WILL SOON BE ABLE TO SURF WEB

OSMA members will soon be able to access information about the OSMA on the Internet. The association is working with designers on an OSMA Web site that will be interactive, not only allowing members to keep in close touch with their association, but also providing them links to other useful sites, such as the AMA, the State Medical Board of Ohio, the Bureau of Workers' Compensation, the Ohio Department of Health and others. Physician input has helped shape the kind of information and links that will go onto the site.

Electronic communications, such as the Web site and e-mail, is the OSMA's way of adapting to members' ever-changing needs, allowing the association to broaden its communications efforts.

The Web site will continue to be "a work in progress" – growing as members' interests and needs grow. The OSMA home page is expected to be ready for access early next year. If you have any suggestions about what you'd like to see on the OSMA Web site, contact Karen Kirk at 1-(800) 766-6762, Ext. 221. *OHIO Medicine* will keep you updated on the project. ■

COLA raises specialty fees

Physicians who have their labs accredited by COLA may have noticed that their specialty fees increased last month. That's because COLA adjusted its fee schedule, effective Sept. 1.

While some administrative fees actually decreased, labs whose menus fall under microbiology, chemistry, immunology and hematology will pay higher specialty fees.

The good news is that physicians can "lock in" the old fee schedule if they notify COLA by Oct. 31 that they wish to renew their enrollment and remit a $150 deposit.

"It doesn't matter if the physician enrolled with COLA a month ago and their renewal is two years off," says John Billett, a COLA spokesperson. "If they can decide now that they want to have COLA reaccredit their lab, they can reserve the old fee schedule."

COLA, which hasn't made changes to its pricing structure in five years, says that internal efficiencies made it possible to reduce some administrative fees, but that external costs were to blame for the specialty increases.

For more information about COLA's new fee schedule, call 1-(800) 981-9883. ■

Initiative brings more children to your office

New federal funds will make it easier for children to get preventive care.

A new federal health initiative that extends coverage to uninsured children offers some real benefits for this country's youths, and maybe for you as well.

"Right now, children with little or no coverage are typically seen in emergency departments or urgent-care settings," says Elizabeth Ruppert, MD, Toledo, president of the American Academy of Pediatrics, Ohio Chapter. The new coverage, however, will enable youngsters to receive ongoing care through physicians' offices.

VISITS TO CLINICS LESSENED

"It's going to make it easier for children to get preventive care," says Mary Jo Welker, MD, Columbus, past president of the Ohio Academy of Family Practice. "I think we'll see a lot more immunizations done now in physicians offices rather than clinics."

But the initiative is not a panacea, they both agree. The federal program makes available to states a $24 billion, five-year funding source to pay for health-care coverage for uninsured children. States are free to shape their own spending plans for the money, either developing their own private-insurance plan or expanding their state's existing Medicaid program.

Since Ohio is already expanding its Medicaid Healthy Start program, state officials are trying to determine how, and if, the two programs should be linked.

"It's good news," says Dr. Ruppert. "The federal initiative provides an opportunity for more children to be insured than have ever been insured in the U.S. before. But let's not forget there are still 20%-40% of children who aren't covered by the plan."

BETTER ACCESS EXPECTED

"It's the first step toward achieving better access and coverage for this population," says Dr. Welker. "But our goal is toward universal coverage."

Neither will say which direction the state should take in channeling children through the program. There are pluses and minuses on both sides, says Dr. Ruppert. A private insurance plan, for example, may not provide as broad a benefit package as Medicaid, yet families newly eligible may be reluctant to apply for coverage through the state's Department of Human Services. "We already have families who are eligible for coverage, but who haven't applied because of the system. I think enrollment in this package may need to be through a site that is not connected to Human Services."

As Dr. Welker points out, however, someone will have to administer the program, and she's not sure that insurance agencies, which would likely be administrators if the state elected a private plan, are a better selection.

No matter how the program works, however, there is one very real benefit for physicians.

"It's an opportunity for the doctor and patient to develop a friendship, trust and mutual respect for each other," Dr. Ruppert says. Once that's established, she says, physicians will have the chance to educate their patients on how to properly care for their bodies and how to develop respect for themselves. Says Dr. Ruppert: "Those are the kinds of lessons that can't be taught in one urgent care or emergency-department visit." ■

Funding in question

Ohio may have difficulty obtaining matching funds needed to secure the money offered under the new federal initiative, especially in view of Ohio's need for additional school funding. The state would have to produce about $48 million from its revenues to collect the $115 million available to it under the program. So far, only $3 million has been allocated in the 1998 state budget to fund the federal child-health plan under Medicaid.

OSMA Calendar

The Ohio State Medical Association, in conjunction with Conomikes Inc., will sponsor the following practice-management seminars for 1997.

How to Run a More Profitable Practice

This one-day seminar is designed to show you the steps to a smarter, leaner and more profitable practice – in the face of increased competition and decreasing revenues. Learn where your trouble spots are and how to bring them under control. Learn how to reduce overhead and maximize revenues. This seminar is recommended for both physicians and office managers.

Oct. 28 – Sheraton Suites, Cuyahoga Falls
Oct. 29 – Concourse Hotel, Columbus
Oct. 30 – Crowne Plaza Hotel, Dayton

Patient-Flow Management

With the emphasis on managed care and practice efficiency, making the most of physician and staff time is critical. This workshop focuses on maximizing patient flow while maintaining high levels of patient satisfaction. The major issues addressed include: effective telephone management, appointment scheduling methods, front-office and back-office strategies, and dealing with medical records problems.

Dec. 2 – Crowne Plaza Dayton
Dec. 3 – Clarion Hotel, Columbus
Dec. 4 – Sheraton Suites, Cuyahoga Falls

Financial Management

Today's managers need a new array of analytical tools and practical strategies to deal with the uncertainty of health-care reform and aggressive competition. Find out how to simplify the financial review. In this one-day seminar you'll learn how to set your own fees and rates. Determine where you are making money and losing money. Find out how to avoid pitfalls. Improve your collection results. Watch *OHIO Medicine* for dates and locations.

The OSMA, in conjunction with the Comer Agency, has planned the following reimbursement and collection seminar for November.

Exploring Reimbursement Issues

This intensive full-day program will explore the most effective techniques for reimbursement and collection in a busy medical practice. Without a productive billing and collecting system, medical offices cannot realize their maximum reimbursement. Participants will take home a workbook full of sample documents and effective protocols to streamline their billing and collecting procedures.

In this workshop participants will explore the advantages of a relative value study, how to use RVUs, the importance of unit counts, effective collection techniques, protocols for collection letters and calls, and the legal issues of collecting.

Nov. 18 – Dayton Convention Center, Dayton
Nov. 19 – Holiday Inn Eastgate, Cincinnati
Nov. 20 – Concourse Hotel, Columbus
Nov. 21 – Sheraton Suites, Cuyahoga Falls

Instructor Wanda L. Adams, CPC, of Adams Physician Advisory, has presented successful workshops all over the U.S., and has discovered that many physicians and other health-care providers are missing out on getting paid for services rendered because of insufficient knowledge of, or inattention to, coding and managing their receivables.

If you have questions or would like to register, contact the OSMA's Department of Meeting Management at 1-(800) 766-6762, Ext. 136. ■

ODH may seek protection for sensitive data

Council Report

In her first presentation to OSMA councilors, Virginia Haller, MD, medical director for the Ohio Department of Health, says she and ODH Director Bill Ryan are sensitive to the data that must be collected from certain facilities as a result of Senate Bill 50, abolishing the state's certificate-of-need program. "The bill requires that we gather the data," she says, "but we believe that raw data can be misinterpreted by the public." For that reason, the department will seek legislative protection for the information. Until such a law is in place, says Dr. Haller, the department will not begin to collect the data required.

OSMA/Cleveland begin pilot recruitment program... The OSMA will join the Academy of Medicine of Cleveland in a joint membership recruitment effort that will be spearheaded by Herb Gillen, OSMA senior director, and Elayne Biddlestone, executive vice president and chief executive officer of the Academy of Medicine of Cleveland. The project will be used as a demonstration project that may be expanded to other counties.

Statewide credentialing program progress... Russell Dean, executive director of the Academy of Medicine of Cincinnati, told councilors that a group created by three county medical societies to develop a statewide credentialing program is making some progress, but that merging the three programs is taking longer than anticipated. He said the group hopes to have a proposal ready for the council in November, as well as recommendations for OSMA's role in that process. ■

Coding Corner

Q: What is the difference between using the Modifier -21 for Prolonged Evaluation & Management Services and using CPT codes 99354-99357 for Prolonged Physician Service With Direct (Face-to-Face) Patient Contact?

A: The important difference is that with Modifier -21 the time spent with the patient is continuous and must be used only with the highest level of E&M service code in any one category. Physicians should increase the fee they usually charge for the E&M code that applies (anywhere between 20%-30%) to allow reimbursement for the additional work this modifier represents. The Prolonged Services CPT codes are reported with any level of E&M service in any one category, and may be used for intermittent face-to-face contact. In other words, a physician may leave the patient's side to do something else, and then return to continue. Only the time that the physician spends face-to-face with the patient may be counted.

Note: CPT codes 99354-99355 are to be used for prolonged office or outpatient services, and CPT codes 99356-99357 are used for prolonged inpatient services. Documentation is expected to be explicit in describing the additional work these billings represent.

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■ PHPPA passes Ohio House, moves to Senate...Page 6

November 1997

OHIO Medicine

A Publication of the Ohio State Medical Association

Staggered license renewal begins in '98

■ *In the future, physician licenses will no longer expire on the same date, but on a staggered system.*

The State Medical Board of Ohio will begin to implement a staggered license-renewal system beginning in 1998. Physician licenses will expire on different dates in the future, not on the same date as they have in the past. Fees and license expiration dates will change, depending on the first initial of the licensee's last name.

For the 1998 renewal only, physicians will pay prorated license-renewal fees, which includes a $20 physician loan-repayment fee, according to a schedule developed by the board. License renewal notices will be sent to all Ohio physicians beginning in March. Completed renewal cards and fees will be due July 1, 1998.

CME requirements will also be prorated according to the length of time the license is valid.

To see what dates your license will be renewable, what your prorated fee will be and when your CME will be required, contact the OSMA reader response line at 1-(800) 766-6762, Ext. 228 and request Item #41. ■

Photo by Karen Kirk

Promoting Public Health

The OSMA's Public Health Committee is sorting through public health initiatives to determine how the OSMA can best serve physicians and citizens. Attending the first meeting were (from left): James B. Metzger, MD; Edward D. Miller, MD; Chair Richard L. Wenzel, MD; Alliance member Theda Jessen; and Charles O. Dillard, MD. For a related story, see Page 14.

Does Ohio need a statewide trauma system?

■ *A statewide system would match critically injured people with hospitals best staffed and equipped to treat them.*

Legislation is due to be introduced in the Ohio General Assembly in early November by Rep. William Schuck (R-Columbus) that would establish a statewide trauma system beyond the voluntary system that exists currently in some of the major metro areas.

Proponents say a statewide trauma system would save lives and believe action allows hospitals to more effectively staff and equip themselves at the appropriate level. However, opponents believe that there is no data to suggest that a statewide trauma system is warranted. Opponents also believe that competent hospitals would be bypassed by EMS squads.

The bill would require the Ohio Department of Health to adopt rules for the designation of trauma centers and would also call for protocols to determine when patients are sent to trauma centers vs. other hospitals without trauma designation.

CURRENT OSMA POLICY

In May 1996, OSMA Council approved a recommendation by the OSMA Task Force on Emergency and Disaster Medical Care to support the "Ohio Trauma System Proposal," which was developed by the Trauma Committee of the State EMS Board. However, Council approved this proposal before it was formally presented to the EMS Board. The EMS Board did not support the entire proposal.

Gov. George Voinovich appears to be supporting the concept of trauma legislation.

One group that has historically opposed legislating a trauma system is the OHA: The Association for Hospitals & Health Systems, which says smaller hospitals would be left out of a statewide trauma system.

ISSUE OF CONCERN

Rep. Schuck's proposal would change what he considers blanket civil immunity for anyone in the prehospital setting to a standard of reasonable care. In the current law, a physician who is advising or assisting in the emergency medical services by means of any communication device or telemetering system is not liable for damages in a civil action for injury, death or loss to person or property resulting from the individual's assistance, unless that assistance is provided in a manner that constitutes willful or wanton neglect. Rep. Schuck's argument is that in an emergency prehospital setting there exists no standard of reasonableness that would otherwise apply in the hospital. ■

Physician input needed on trauma legislation

The Ohio State Medical Association and the OHA: The Association for Hospitals and Health Systems are jointly sponsoring a series of regional meetings to educate healthcare providers about the proposed statewide trauma legislation and to gather your input on how this legislation may impact the delivery of health care. Meetings will start at 6 p.m. and end at 8 p.m. There is no charge for attending. The meetings are scheduled for:

Columbus, Wed., Nov. 12
Ohio State Medical Association
1500 Lake Shore Drive, Columbus

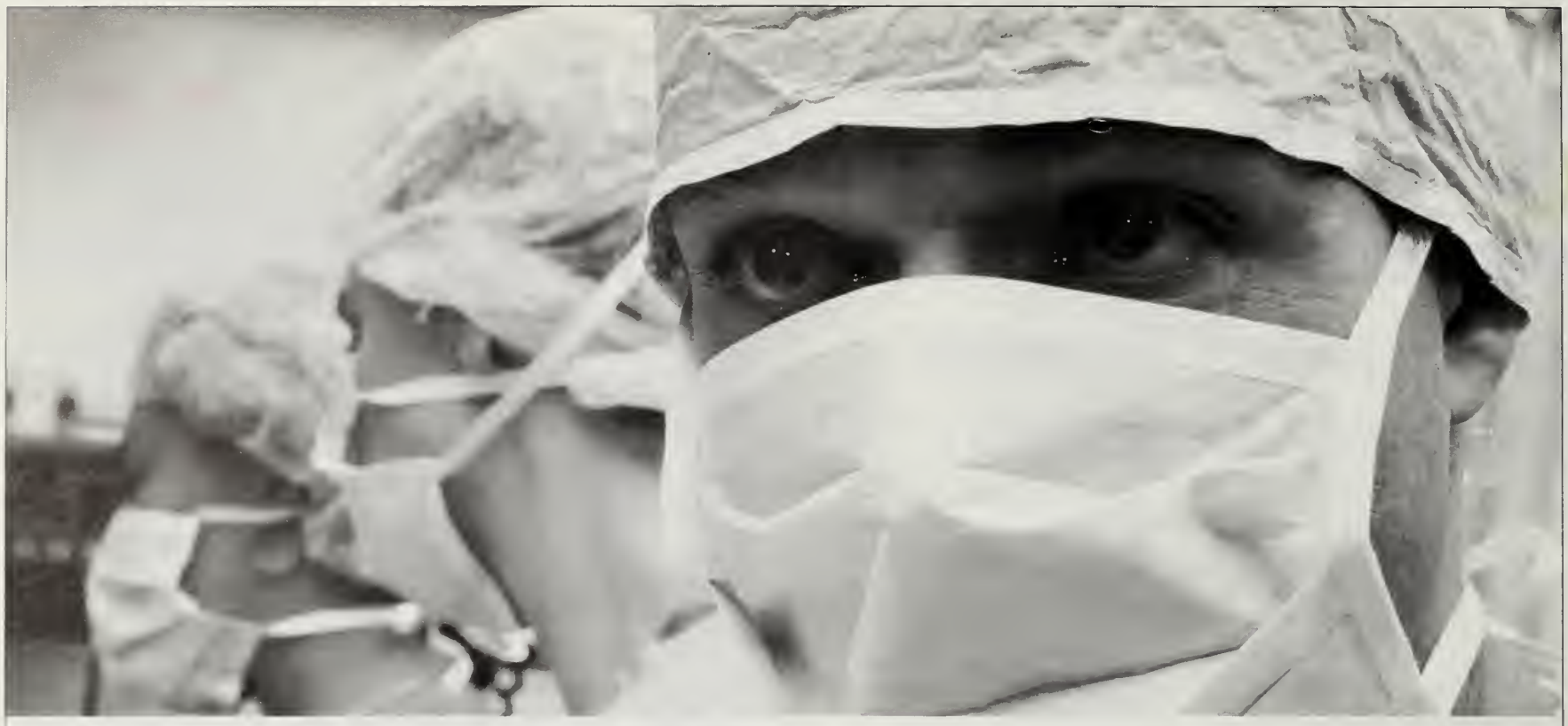
Cleveland/Akron, Thurs, Nov. 13
Cleveland Academy of Medicine
6000 Rockside Woods Blvd.
Independence

Toledo, Tues., Nov. 18
Perrysburg Holiday Inn
10630 Fremont Pike, Perrysburg

Athens, Tues., Dec. 2
Ohio University Inn
331 Richland Ave., Athens

Cincinnati/Dayton, Wed., Dec. 3
Middletown Hospital Auditorium
105 McKnight, Middletown

To register, please call Emily Preble, Department of Legislation, at 1-(800) 766-6762, Ext. 367. ■



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MCOs seek higher Medicaid pay

■ *Plans say they receive less than fee-for-service providers and are at risk of financial ruin.*

Managed-care organizations (MCOs) that serve Ohio's Medicaid population say their reimbursement levels are so low they fear financial ruin, so the state Legislature has assembled the Medicaid managed-care study committee to examine the issue. The group met over the summer and expects to release a report with its recommendations on Nov. 1.

The MCOs first raised complaints about their Medicaid reimbursement rates this spring, during discussions of the state's budget bill. They question how rates are set, and whether or not current rates will allow for adequate care. In commenting on recent cuts in reimbursement, the Ohio Association of Health Plans says the Department of Human Services is paying Medicaid MCOs 6% less than it reimburses fee-for-service providers. Coupled with the elimination of a 3% administrative allowance, MCOs say they feel a financial pinch that ultimately may affect the care they provide the state's Medicaid population.

A representative from the Ohio Department of Insurance, Kip May, said in testimony before the committee that the managed-care industry is at a critical point because of decreasing profits and lower net worth of state HMOs. The Ohio Department of Human Services' move to reduce Medicaid reimbursement rates may have forced some HMOs to leave the Medicaid program, he said, and he urged the panel to consider recommending a competitive bidding model for setting rates. This would allow the marketplace rather than the human services department to establish prices.

"Harry is here to interpret the managed-care organizations' prognosis charts."

The department of human services argues, however, that payments are reasonable and that enrollment rates in Medicaid managed care are nearly double last year's rate.

The panel has created a subcommittee to examine the various factions surrounding this issue, and to determine how to implement the changes. Ray Herschman, who represents University Hospitals of Cleveland's QualChoice, is serving as the subcommittee chair.

The OSMA is monitoring this group's activities, but has not yet participated in the hearings.

OHIO Medicine will provide more details as they occur. ■

Efforts made to protect tort-reform law

■ *The OSMA is part of a coalition that is taking steps to protect the law, which is expected to be tested in court.*

The Ohio Alliance for Civil Justice, the coalition formed to pass tort reform in Ohio, has formed CourtWatch, a program to protect the measures enacted in House Bill 350, the tort-reform law that took effect in January. The OSMA is one of more than 200 businesses and organizations that make up the coalition.

"The law's provisions have already been challenged," says Tim Maglione, director of OSMA's Legislative Department and co-chair of the Alliance. CourtWatch will ensure that such provisions as noneconomic and punitive damage caps, and joint and several liability remain intact. The program will monitor all statewide challenges to the law. A case database will also be created, with resources accessible to legal defense counsel.

In addition, Ohio Citizens Against Lawsuit Abuse (OCALA), the grassroots program organized by the Ohio Alliance for Civil Justice, released the results of its first research project. The project analyzed Ohio trial lawyers' political donations to Ohio Supreme Court candidates from 1992-1996. Because Ohio tort laws are expected to be challenged in Ohio, up to the Supreme Court level, Supreme Court races have become increasingly important for medicine.

OCALA's analysis found that trial lawyers' contributions in the last three Supreme Court campaigns amounted to $1.3 million or more. Justice Andrew Douglas and 1996 candidate Marianna Brown Bettman received nearly 60% of their spending limits from trial lawyers. Justice Alice Robie Resnick received the largest share of trial lawyers' money. Other recipients included Justice Francis E. Sweeney and Justice Paul E. Pfeifer, both of whom are expected to seek re-election in 1998.

Those receiving the least amount of money from trial lawyers in their races were Justice Evelyn L. Stratton and 1996 candidate Peter Sikora.

"Physicians will need to pay more attention to these races in the future if tort reform is to remain a viable law in Ohio," Maglione says.

What You Can Do: For information on how to join Ohio Citizens Against Lawsuit Abuse, contact OCALA at 1-(800) 668-5266. ■

OHIO*Medicine*

A Publication of the Ohio State Medical Association

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Inside

■ **ANTHEM LAWSUITS INITIATED** by two Cincinnati physician groups may set precedent for other Ohio physicians dropped from a plan's provider panel...**4**

■ **OSMA'S ANNUAL MEETING** for 1998 will be streamlined to accommodate delegates' requests for an abbreviated session...**6**

■ **MEDICARE PATIENTS** may enter private contracts with physicians Jan. 1, but physicians will have to exclude themselves from Medicare for two years...**8**

■ **COLUMBIA'S MOVE TO COLUMBUS** was thwarted by a local physician who assembled a community coalition to face off against the health-care giant...**9**

■ **AN EDUCATIONAL PROGRAM** will be presented in March by the International Medical Graduates Task Force...**13**

■ **SAME-DAY DISCHARGES** will now be reimbursed, thanks to the efforts of an OSMA member who began the process with a resolution to the OSMA House of Delegates...**15**

■ **OBSCURE MEDICAL BOOKS** may be found in a new "virtual bookstore" located on the World Wide Web...**17**

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- Item #36 – Billing and Documenting Covered and Noncovered Services Performed on the Same Day
- Item #37 – Consultations and Referrals Defined
- Item #38 – Evaluation and Management Services – Coding Charts for Easy Selection
- Item #39 – ICD-9-CM – Official Guidelines for Diagnosis Coding
- Item #40 – Pap Smears, Coding for Reimbursement
- Item #41 – Medical License Renewal Dates, Fees, CME Requirements

Anthem lawsuit may set precedent in Ohio

■ *Cincinnati physicians will argue the rights of the public override Anthem's termination clause.*

In July, three neurologists with the Mayfield Clinic & Spine Institute – Luis Pagani, MD, Christopher Kircher, MD, and John Feibel, MD – filed suit in U.S. District Court against Anthem Blue Cross and Blue Shield because they were dropped without cause from the insurer's managed-care panel. A month later, six physicians from the Cincinnati Sportsmedicine and Orthopaedic Center, Inc. filed a suit against Anthem in Hamilton County Common Pleas Court for the same reason. James Sammarco, MD, orthopaedic surgeon and president of the American Orthopaedic Foot and Ankle Society, joined the second lawsuit.

The physicians claim their termination precluded them from providing services to longtime patients and from developing new doctor-patient relationships with a portion of the community. (Anthem clients include large Cincinnati employers such as Procter & Gamble.)

If the Cincinnati physicians win, other providers may be reinstated by the courts.

The doctors weren't the only ones unhappy. Janet Abaray, one of the attorneys representing both groups of physicians, says patient concern was the motivating force for the lawsuit. "Patients were upset that they would have to change doctors. Some of these patients had had long-term relationships with their physicians and didn't want to change," she says.

So the doctors filed suit. The lawsuit cites the causes of action as wrongful termination in violation of public policy, violation of implied covenant of good faith and fair dealing, and unjust enrichment (among others). The doctors seek reinstatement to the panel, lost income, and compensatory and punitive damages.

HEARING THIS MONTH

On Nov. 13, attorneys from Anthem Blue Cross and Blue Shield are scheduled to appear in court, along with Abaray and other members of the doctors' legal team.

Anthem attorneys will attempt to have the case dismissed on that day. "They signed the contract," the attorneys will tell the court. "The physicians knew that they were terminable at will." In other words, a provision in Anthem's contract allows the insurer to dismiss the physicians for any reason – or even no reason at all.

Abaray will argue there is a public policy exception to the termination at-will clause.

"When the termination would interfere with the rights of the public to choose a physician and to maintain an ongoing relationship with that physician, there is an exception to the termination at-will clause. The rights of the public need protection," she says. And if the physician is willing to adhere to the insurer's rules and to accept its standard reimbursement (often lower than the physician's usual fee), there is no reason for dismissal.

EXCEPTION BECOMES TREND

The public policy exception argument is not new, says Abaray. She cites a 1974 case, *Mange vs. BB Rubber*, in which a New Hampshire court recognized, for the first time, that employers cannot willfully dismiss an employee if the dismissal interferes with the good of the public.

Of course, physicians are not employees of insurance companies, but another New Hampshire court ruled in April 1996 that the public policy exception can be applied to provider contracts. *Harper vs. Health Source Company* showed that providers who are under contract have the same rights as employees who are employed by business, and are thus protected under the same exception granted in the Mange case.

In the past year or two, more cases have come to trial across the U.S., asking for exceptions to without-cause dismissals. In California, the argument takes a slightly different twist, says Abaray. There, attorneys argue there is an exception to the "implied covenant of good faith and fair dealing." "It's basically the same argument as the public policy exception," Abaray says, yet it opens another loophole that physicians may be able to slip through in the future.

This past April, in *Kluch vs. Structural Fibers, Inc.*, the Ohio Supreme Court cleared the way for the public policy exception here in Ohio. That decision is what persuaded Abaray that the Cincinnati physicians could win their suit.

PRECEDENT-SETTING CASE

"I'm optimistic this case will set precedent in Ohio," she says.

If the Cincinnati physicians win their suit against Anthem, other physicians who have provider contracts and who are dropped without cause from panels may be able to be reinstated through the courts. In essence, Ohio would have an "any-willing-provider" law through common law application.

Abaray expects a decision in the case before the end of the year. *OHIO Medicine* will keep you posted. ■

Doctor-owned group also sued

Although news reports focus on the lawsuit the Cincinnati physicians have brought against Anthem Blue Cross and Blue Shield, it's also worth noting that at least one of the groups, Cincinnati Sportsmedicine & Orthopaedic Center, Inc., is also suing Paragon Health System, LLP. Paragon is a joint venture between Anthem and Group Health Associates, a physician-owned managed-care company (see the November 1996 issue of *OHIO Medicine* for more information about Paragon). According to Janet Abaray, JD, who represents the physicians of Cincinnati Sportsmedicine, doctors from Group Health Associates are in the position of terminating other doctors. ■

Shortage of family physicians predicted

Specialty Concerns

The Ohio Academy of Family Physicians (OAFP) worries the state is not training enough primary care physicians to meet the need created by managed care and an aging baby boom population.

"During the budget crisis in 1990, the Legislature made a severe cut to the line item in the (state) budget that provides for the training of family physicians," says Mark Belfer, DO, the OAFP's Legislation and Public Affairs Committee chair and immediate past president. "We have not been able to recover from those cuts."

Compounding the problem, says David Paragas, OAFP's legislative counsel, is the increasing penetration of managed care in Ohio.

MARKET PLAYING CATCH-UP

"Family physicians are the cornerstone of a managed-care system," Dr. Belfer says, but medical schools are finding it difficult to train enough physicians in this specialty to meet the demand brought on by large health-care buyers such as Medicaid and the Bureau of Workers' Compensation – both of which recently moved their enrollees into managed-care programs. Add to that, Dr. Belfer says, that a significant number of OAFP members are retiring, and the game becomes one of catch-up. Paragus estimates it may take until the year 2009 before Ohio's medical schools can replace an adequate number of family physicians.

Dr. Belfer says the OAFP will work next year to educate legislators about the need to restore the educational funding that was lost in 1990. "Medical schools are doing a great job with limited financial resources," Paragus adds, "however, a greater investment in primary care is needed to prepare for a continually growing need for primary care physicians."

Last year, the OAFP board voted to support prescriptive authority for advanced practice nurses (APNs) – but with specific limitations. "We support APN prescriptive authority only under supervision, not collaboration," Dr. Belfer says.

ALLIED GROUPS MONITORED

In fact, the OAFP's support is even more qualified. The group condones prescriptive authority only if the APN has the proper educational background and clinical (pharmacological) training – and even then, Paragus says, the OAFP wants APNs prescribing only from a limited formulary.

Currently, APNs may prescribe independently only if they operate within one of the nurse pilot programs that operate in several areas of the state. Legislators await results from these programs before considering legislation granting APNs prescriptive authority.

In many ways, Dr. Belfer says, the OAFP's position is more restrictive than the pilot programs, where nurses prescribe in collaborative (not supervisory) arrangements with physicians. In its position, the OAFP endorses APN prescriptive authority only in supervisory relationships, and with a limited drug formulary in place.

"We're waiting to see what the APNs bring to the Statehouse next year," Dr. Belfer says. "We're on record as opposing prescriptive authority for other allied professionals. We will continue to oppose prescription authority for psychologists, chiropractors or pharmacists."

When it comes to patients' rights, however, the OAFP says the OSMA has done a good job with its proposed Physician-Health Plan Partnership Act. "We support most of the bill," Dr. Belfer says. "It does a great job promoting the rights of patients." ■

Annual Meeting shortened

The OSMA's House of Delegates sent its message loud and clear through a survey taken at last year's Annual Meeting: "Give us a shorter, more streamlined meeting." As a result, Councilors approved in September an abbreviated schedule for delegates that begins with an Opening Session on Saturday morning and concludes with the Final Session on Sunday.

The new schedule will take effect in May when delegates gather in Cleveland for the 1998 Annual Meeting (see the timetable below). ■

1998 OSMA Annual Meeting Schedule

FRIDAY

8 a.m.-Noon:	OSMA Council
1-4 p.m.:	Organized Medical Staff Section Meeting (open to all)
4-5 p.m.:	New delegate briefing AMA delegation meeting Emergency resolution meeting OMERF board meeting
5 p.m. or 7 p.m.:	District caucuses
7 p.m.:	Past president's reception, followed by dinner at 8 p.m.

SATURDAY

7 a.m.:	Possible caucus
10 a.m.-Noon:	Opening Session, House of Delegates
12:30 p.m.-1:15 p.m.:	OMPAC luncheon
1-4 p.m.:	Resolution committee hearings
3-5 p.m.:	OMPAC board meeting
4 p.m.:	District caucuses if needed
4 p.m.:	Resolution report preparation
4:30-6 p.m.:	Candidate interviews
6:30 p.m.:	Presidential reception

SUNDAY

7-10 a.m.:	District caucuses
10 a.m.-4 p.m.:	Final Session, House of Delegates
4 p.m.-6:30 p.m.:	OSMA Council

PHPPA passes Ohio House

Managed-care reform in Ohio is one step closer to reality, now that the Physician-Health Plan Partnership Act has passed the Ohio House. The 93-0 vote came on Oct. 15. At this writing, the bill is in the Senate, waiting assignment to a committee for hearings.

The Physician-Health Plan Partnership Act (House Bill 361), a cooperative legislative effort between the OSMA and Kaiser Permanente, proposes to improve patient access to health care and help standardize health-plan practices across Ohio.

The OSMA urges all physicians to contact their state senators in support of this bill. ■

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KENTUCKY MEDICAL INSURANCE COMPANY

Private contracts allowed with Medicare patients

■ *There's one catch – physicians have to exclude themselves from Medicare for two years.*

A new law that allows physicians to enter into private contracts with Medicare patients will go into effect Jan. 1, but physicians are being urged to study the law's provisions before making a decision.

The federal law, the Balance Budget Act of 1997, allows a physician to deal directly with a Medicare patient – that is, treat the patient and bill them in full – as long as the following provisions are met:

- the patient signs a contract indicating they understand they are responsible for all services out-of-pocket; and
- the physician files an affidavit with the federal Department of Health and Human Services stating that he or she will not bill Medicare for any services for a two-year period for *all* Medicare patients.

While the OSMA has no position on the bill, many groups have expressed their concern with the legislation, including the AMA, which is backing legislation that would repeal the two-year ban.

Bill Fry, director of the OSMA's Ombudsman Services, says his office has received a number of calls from Ohio physicians regarding the new law. "But as soon as I explain that physicians have to exclude themselves from the Medicare program for two years – essentially that they can't pick and choose patients – their enthusiasm goes down.

"In all probability," Fry continues, "very few physicians will be affected by the new law, but those who are should consider all of their options before deciding to drop out of Medicare for an extended period of time."

What You Can Do: If you'd like more information about the law, contact Bill Fry at 1-(800) 766-6762, Ext. 213. ■

Residents get career planning tips

Insurance needs, contract analysis and assessment of personal and professional goals were among the topics discussed at the Resident Physician Section's late-September meeting, "Building the Foundation: Financial Management and Career Planning for Resident Physicians."

Section members heard from OSMA Eighth District Councilor Walter J. Wielkiewicz, MD, Zanesville, who spoke on the changing face of the medical practice. Dr. Wielkiewicz explained the different kinds of practice modes and emphasized the need for residents to assess both personal and professional goals.

William Venter of Future Finances, Inc., gave residents tips on personal and professional insurance needs, estate planning and student loan management.

A physician recruiter from the Ohio State University Medical Center, Joann Ort, spoke on recruiters' roles and responsibilities.

Wrapping up the full-day program was Todd G. Guttman, MD, JD, of Hahn Loeser & Parks, who presented a session on contract analysis. ■

Marketplace profile

Red flags raised on Columbia deal

■ *When Columbia/HCA tried to move into the Columbus market, one doctor rolled up his sleeves and went to work.*

Manuel Tzagournis, MD, became concerned when he learned of Columbia/HCA's plan to purchase Doctors Hospital, an osteopathic facility with two locations in Columbus and one in Nelsonville.

Dr. Tzagournis

"Columbus and central Ohio have been blessed with a good hospital system," says Dr. Tzagournis, vice president for Health Science at Ohio State University. Hospitals located in or near the state capital have always split the task of caring for the indigent population. Dr. Tzagournis believed that Columbia threatened that balance: "I knew their reputation, and I had concerns they wouldn't do their part in caring for the community's poor the way Doctors had done in the past."

Dr. Tzagournis was not alone in his concern. When he raised the subject of the proposed sale with others in Columbus' provider community, he found like minds in Thomas Hanson, MD, chair of the Pediatric Department at Children's Hospital; Dale St. Arnold, CEO of Mt. Carmel Health System; and OhioHealth CEO William Wilkins. Together, the men formed a coalition that challenged the business, government, provider and public sectors of the community to become involved in the Columbia-Doctors deal.

The chance of Columbia revisiting Columbus can't be ruled out.

COMMUNITY RESPONDS

An initial meeting to discuss the impending arrangement, sponsored by the Health Coalition of Central Ohio, was so well attended that a second meeting was hastily arranged. "We not only presented our concerns," says Dr. Tzagournis, speaking on behalf of the provider coalition, "but business leaders and local government officials shared their insights as well."

A third meeting had been scheduled when word came that Columbia and Doctors had called off the deal. The potentially explosive meeting was defused by the announcement, but continued as a community look at for-profit hospitals and the need to ensure coordination of indigent care in Columbus.

Dr. Tzagournis says he has nothing against for-profit systems. "It depends on the for-profit," he says. If Quorum had been the buyer, for example, he might not have sprung into action at all. "There is a place for (for-profits) in the marketplace," he says. Their capital can breathe new life into failing facilities and most, he acknowledged, are good community partners, willing to assume their share of uninsured patients. Without that cooperation, however, the healthcare marketplace doesn't work. "That's why I became such an outspoken opponent."

DOCTORS CAN BECOME INVOLVED

He says doctors in other communities can play similar roles when a for-profit system threatens to upset the balance of indigent caregiving in a community. He suggests a three-prong approach.

"Meet with the business leaders in your area, your local government officials, and with public or consumer groups that share your concern," he says. In Columbus, a consumer group known as the Universal Health Care Action Network became actively involved in expressing the public's concern over who would take care of Doctors indigent patients if and when Columbia took over.

Dr. Tzagournis says a public educated on the problems that can occur from for-profit transfers can be invaluable. He stops short of lobbying his patients, but by speaking out in open forums and writing articles for local editorial pages, he expresses his views indirectly. "We received good coverage in the local press," he says, referring to the meetings.

He is reluctant to forecast whether or not Columbia will return to the Columbus marketplace anytime soon. "Right now, Columbia says it won't expand, but that could change," he says.

If it does, and the same concerns about indigent care remain, chances are that the provider coalition, led by Dr. Tzagournis, will be ready to renew the community debate.

What You Can Do: If you have a similar story to share, *OHIO Medicine* would like to hear from you. Contact Karen Edwards, *OHIO Medicine*, 1-(800) 766-6762, Ext. 232, and let us know what steps you have taken to help shape the marketplace in your community. ■

OSMA lays a foundation for our future

■ *We believe that building a new headquarters, rather than leasing, is better stewardship of your dues dollars.*

As you may have noted from September's *OHIO Medicine*, the OSMA is constructing a new headquarters. The foundation for our new building is being laid this month, and we plan to move in the summer of 1998. It is located just off the I-270 outerbelt, at the Mill Run exit, in the Columbus suburb of Hilliard, just west of downtown Columbus.

Su-Pa Kang, MD

The decision to build a new headquarters, as opposed to continuing our current lease arrangement or purchasing an existing building, was made after much deliberation. The OSMA Auditing and Appropriations Committee, under the direction of Lance Talmage, MD, Toledo, carefully studied both the financial and practical aspects of the issue. Under the advisement of its Building Committee, the OSMA Council lent its support to the project.

We made the decision to build due to a number of factors. First and foremost, we felt that building ownership, rather than leasing, was better stewardship of your dues dollar. As some members may recall, the OSMA built a building in the early 1970s in the German Village area just south of downtown Columbus, an office we sold when we moved our headquarters to the current offices about 10 years ago. At that time the decision was made to lease offices and place the proceeds of the sale of the German Village property in a restricted account for use when it was deemed right for the OSMA to again own the association's headquarters. Second, we were able to obtain a parcel of land in a section of the city that is on the fast-track for growth, adding to the investment potential. Third, we decided that by constructing a new building, we could build it to meet our current and future needs, yet keep it flexible enough in design so as to make redesign or resale much easier.

I hope you will visit the new headquarters when it opens. To help encourage you to do just that, we have expanded our meeting space capacity. The new building will have space to host meetings of up to 240 people, with catering facilities. The new building will accommodate many more people in an atmosphere that's more conducive to learning.

If you have the opportunity to visit the new building, we hope you will find it easier to locate than the current one. But don't look for anything extravagant at the new location. The new building, both inside and out, was selected with cost-effectiveness and flexibility in mind.

The new OSMA building will be *our* building. Please stop in and see it next summer. ■

Recognizing the importance of the future of medicine, I would like to introduce my newest OSMA recruit, Aaron Domm, a second-year student at the Medical College of Ohio. Also, please welcome the following new members:

Jean Ludger Amazan, MD
M. Elaine Billmire, MD
Stephen G. Bird, MD
John R. Bockoven, MD
Ronald P. Brennan, MD
Kimberly Carrelli, MD
Catherine B. Chambers, MD
Lawrence A. Chia, MD
Jeffrey L. Congeni, MD
Joan C. Cooper, MD
James J. Devitt, MD
Kurt H. Dincman, MD
Vladimir Djurice, MD
Thomas J. Donnelly, MD
Tina M. Frangowlakis, DO
John R. Garton, MD
Sandra Haller, MD
James K. Hill, MD
Julia A. Joyce, MD
Rajendra P. Kakarla, MD
Betsy L. Kendis, MD
Rajesh Khanna, MD
Joann Krivetzky, MD
Damian I. Lebamoff, MD
Deborah H. Lee, MD
Donald P. Lewis, MD
George Y. Liu, MD
Bragitte Loronz, MD
Lee A. Matthews, MD
Zev Randy Maycon, MD
Michael E. Miner, MD
William S. Mirando, MD
Brigitta Anne Moresea, MD
William R. Protzer, MD
Deepak Raheja, MD
Lloyd W. Rettig, III, MD
Laura Z. Rice, MD
Kevin L. Riddle, MD
John J. Robinson, MD
Dina K. Rooney, MD
Andrew M. Ross MD
Sanjay Sangal, MD
John J. Scerbo, MD
Lisa L. Schiering, MD
Joan J. Schiller, MD
Brad D. Snider, MD
Douglas A. Songer, MD
Randolph C. Sosolik, MD
Randall S. Starcher, MD
Roger C. Stienecker, MD
Ronald W. Stout, MD
Craig A. Sukin, MD
Todd R. Tamlyn, MD
Marilyn C. Tiu, MD
Carmelita M. Tozbikian, MD
Joseph A. Trapp, DO
Richard H. Vonderbrink, MD
Kuoying Wang, MD
Robert J. Warden, MD
Avis E. Ware, MD
Mark A. Wasylenko, MD
Bradley K. Weiner, MD
Gregory Rommel Wise, MD
Gabriel J. Yandam, MD

Welcome to the following physicians returning to OSMA membership after a brief absence:

Zoran B. Botic, MD
Ninfa Cayayan, MD
Mark A. Koerner, MD
Pratima X. Shah, MD
J. Patrick Sprinak, MD
J. William Wiand, DO

New president urges high ethical standards

Hamilton County

■ Molly Katz, MD, was installed as the 141st president of the Academy of Medicine of Cincinnati in late September. She is a gynecologist in Mount Auburn, and is the Academy of Medicine of Cincinnati's second woman president.

During her year as president, Dr. Katz hopes to encourage physicians to maintain high ethical and professional standards, and not to relinquish the practice of medicine to third-party payors, Congress or even other health professionals. She also hopes to bring physicians up-to-date with computer technology. Dr. Katz is a member of the academy's Electronic Communications and Data Interchange Committee.

Dr. Katz will continue the academy's focus on community health issues, especially educating teen-agers on the dangers of substance abuse. In addition, she says she will challenge academy members to offer solutions to the health-care cost crisis and will encourage meaningful participation in the OSMA.

Dr. Katz is married to Carl Parrott, MD, a pathologist. They are the parents of five children.

In other action, Marvin Rorick, MD, was chosen president-elect of the academy. He will assume office in September 1998.

Cuyahoga County

■ While many executive MBA programs are offered to physicians, few of these educate physician leaders on the roles and responsibilities of their leadership position. To address this need, Case Western Reserve University School of Medicine is sponsoring a leadership education series for physician leaders in northeast Ohio. The Academy of Medicine of Cleveland will host the series. Following is a summary of the topics that will be covered in the series:

- **Nov. 19 – "How to Run a Meeting."** Participants will learn how to deal with meeting disruption, discussion, agenda setting and development of time lines.
- **Jan. 21 – "The Disruptive or Impaired Physician."** Participants will learn how to identify an impaired physician and learn how to develop a policy for monitoring physicians.
- **Feb. 18 – "Maintaining Quality in the Era of Cost-Containment."** Participants will learn the basic principles of the managed-care environment and how it relates to alterations in medical practice.
- **March 18 – "Contracting."** Learn to identify issues as they relate to medical staff bylaws in relationships between physicians and hospitals and other health-care organizations.
- **April 15 – "Interacting with Administration and Governing Boards."** Participants will practice strategies to build cooperation, understanding, and respect between the medical staff and governing boards.

For more information about the programs, contact Tracy Siegman at (216) 520-1000. ■

IMG task force to host educational program

■ *The task force has also prepared a position statement on graduate medical programs in the U.S.*

The OSMA's International Medical Graduate (IMG) Task Force plans to sponsor an educational meeting in March 1998, as part of its goal to educate and involve IMGs in organized medicine. The last such meeting was held two years ago. The meeting will focus on such issues as immigration, J-1 Visa policies and more general topics such as managed care.

The purpose of this task force is to deal with issues impacting international medical graduates currently practicing or training in the United States, and those issues that may potentially impact IMGs that have not yet come here to practice or train, according to Andres B. Lao, Jr., MD, chair.

The tentatively scheduled weekend meeting will be held in northeast Ohio and include social events for physicians and their families. The process of qualifying the program for Category 1 CME credit will be initiated once needs assessment on program topics is completed.

Dr. Lao plans to contact leadership in various ethnic medical groups for their suggestions and support.

WORKFORCE ISSUE

Task force members also expressed concern with the "Consensus Statement on Physician Workforce" issued recently by a number of medical groups, including the American Medical Association.

The statement concludes that the number of entry level graduate medical education (GME) programs in the United States should be aligned with the number of graduates from U.S. medical schools. It also says that, while the United States should provide GME opportunities for foreign born physicians who graduated from medical schools outside the United States, their participation should be through the J-1 Visa program and not financed through Medicare funds dedicated to support GME.

After lengthy discussion, task force members approved the following position statement that will be brought to the OSMA Council:

- Regardless of the total number of postgraduate education (residency) opportunities in the United States, those opportunities should be open to all physicians regardless of the location of their medical school, and the funding of those opportunities should not discriminate between U.S. and international medical graduates.
- The number of U.S. postgraduate education slots for non-U.S. medical school graduates should remain at its current level or at least 5% of the total number of training opportunities.
- The manpower issue (number of physicians that practice within the United States) should be dictated by market forces, and should not be addressed through limitations on medical school graduates or postgraduate training opportunities.

As of this writing, the OSMA Council had not met to discuss this issue. *OHIO Medicine* will keep you posted on further developments. ■

Public health is latest interest for OSMA

■ *The Public Health Committee is expected to pinpoint issues of importance in the coming months.*

At its initial meeting, OSMA's new Public Health Committee developed a mission statement that will help set the course for the association's venture into the public health arena. "The statement really encompasses the purpose of this committee," says Chair Richard Wenzel, MD, Toledo.

"The spotlight will be on public health issues," adds Marla Bump, OSMA staff representative on the committee. "The committee wants to keep physicians informed and direct them to possible actions they might take to solve public health problems in Ohio."

Dr. Wenzel says physicians need to become involved in public health issues, especially at the local level where there is more opportunity for hands-on involvement. While public health agencies assume much of the responsibility for tackling these concerns, Dr. Wenzel says physicians also have a role to play as community leaders.

NEW LEGISLATIVE INTEREST

Lately, public health has caught not only community interest but that of state legislators as well. Bills focused on bicycle helmet safety, seat belt use, organ donation and DNR orders continue to be discussed at the Statehouse, while other bills, such as the regulation of tattooing and body-piercing services, have already been enacted. Medical groups, including the OSMA, were also active in defeating a measure this summer that would have allowed the use of fireworks in Ohio.

In fact, this renewed legislative interest in public health prompted the formation of the Public Health Committee. The OSMA's Committee on State Legislation proposed that the committee be formed to study the flurry of public health bills in more depth, and to determine which ones the OSMA should support.

"We'll take a look at public health legislation at future meetings and decide where the OSMA can best serve as an advocate," Dr. Wenzel says. He adds that it's "not unlikely" the committee may propose its own legislation if it sees an unmet public health need.

"There has been some heightened interest in this subject of late," Dr. Wenzel says. He attributes it, in part, to recent studies that have connected morbidity to lifestyle choices. The public is finally becoming aware that improved diet, increased exercise and smoking cessation will lengthen life spans, he says, and they are reacting accordingly.

Specific action items have not yet been determined by the committee, but you can expect to hear more from this group in the year ahead.

MISSION STATEMENT

The OSMA Public Health Committee will:

- Promote public health issues by encouraging physician understanding and involvement.
- Keep physicians informed of public health concerns and possible actions they might take to help solve public health problems.
- Serve as a liaison between Ohio physicians and departments of health and other organizations involved with public health.
- Encourage and assist with health education of the public where feasible. ■

Committee Profile

Name of Committee: Public Health Committee

Chair: Richard L. Wenzel, MD, Toledo

Dr. Wenzel

OSMA Contact: Marla Eshelman Bump

Purpose: The spotlight will be on public health issues. The committee wants to keep physicians informed and direct them to possible actions they may take to solve public health problems in Ohio.

Committee Goals: 1) To promote public health issues by encouraging physician understanding and involvement. 2) Keep physicians informed of public health concerns and possible actions they might take to help solve public health problems. 3) Serve as a liaison between Ohio physicians and the departments of health and other organizations involved with public health. 4) Encourage and assist with health education of the public where feasible.

Committee Members: Kosi J. Avotri, MD, Dayton; Stephen Banko, MD, Mansfield; Charles O. Dillard, MD, Cincinnati; Jeffrey Allen Harwood, MD, New London; Virginia Haller, MD, ex officio, Ohio Department of Health, Columbus; Hasan M. Jalisi, MD, Columbus; Theda Jessen, Dayton, OSMA Alliance; Mark Edward Mayer, MD, Cleveland; James B. Metzger, MD, Toledo; Edward D. Miller, MD, Oberlin; James. F. Quilty, Jr., MD, Cleveland; Rebecca Ravas, Maumee. ■

Physicians now paid for same-day discharge

■ *An OSMA member's resolution is responsible for changing the AMA's Current Procedural Terminology codebook.*

An OSMA member who submitted a resolution to the House of Delegates more than two years ago on the subject of same-day discharge will finally see results take place at the national level next year – a change that will benefit physicians across the nation.

John Lloyd, MD, a family practitioner from Lancaster, entered a resolution at the OSMA 1995 Annual Meeting (Resolution 33-95), asking the House of Delegates to pursue a change in the AMA's *Current Procedural Terminology* (CPT). The house adopted Dr. Lloyd's resolution, which asked that the AMA CPT better define the current initial hospital care codes, and ultimately allow physicians to bill and be reimbursed for providing both admission and discharge on the same day.

AMA ACCEPTS CHANGES

The AMA recently acknowledged that Dr. Lloyd's proposed changes will appear in the 1998 edition of the CPT, however, it would not release the exact wording of the change.

"When I first proposed the resolution, I didn't know if it had a chance," Dr. Lloyd says, "but there was no code for discharge on the same day, and it didn't seem fair that physicians weren't reimbursed for such a time-consuming process. Admitting a patient to the hospital and discharging from the hospital are two separate services that should be compensated."

OLD LANGUAGE "UNFAIR"

The lack of a code, Dr. Lloyd continues, is inherently unfair. "Why should an admission that occurs at 11:59 p.m. and a discharge that occurs at 12:01 a.m. the next day be reimbursed, but an admission that occurs at 12:01 a.m. and a discharge that occurs at 11:59 p.m. the same day is not reimbursed?" he asks.

"Why can two separate physicians perform these two tasks on the same day and both be reimbursed, but the same physician who performs both can only be reimbursed for one? In my opinion, the current limitations are unfair and penalize an efficient attending physician."

Dr. Lloyd adds that since there is increasing pressure to discharge patients as early as possible, he found himself writing admission orders in the morning, then reviewing data and writing discharge orders in the evening for the benefit of the patient and their insurance carrier. "But I was excluded from charging for the latter service due to the current CPT language regarding admission codes."

CHANGE SLOW TO COME

Bill Fry, director of the OSMA Ombudsman Services, who worked closely with Dr. Lloyd in drafting the changes, says the experience was an eye-opener.

"It took more than two years and many, many letters outlining Dr. Lloyd's proposed changes, but eventually he prevailed," Fry says. "It just shows that a grassroots effort can really make a difference."

"Everything performed by a physician has to be codeable or you don't get paid," Dr. Lloyd says. "If the code is finally assigned, it will be a big help." ■

"I think we crammed one medical file too many into the hard drive's memory."

Medicare terminates centralization of billing

■ *After three years, the Medicare Transaction System proved too overwhelming to implement.*

The Medicare Transaction System – the government's proposal to create a single, national computer system to pay doctors, hospitals and other health-care providers who serve Medicare patients – has been terminated after three years and a cost overrun of $65.3 million.

The project, touted as a way to speed payment of claims, combat fraud and provide better customer service, proved to be too overwhelming a task. GTE, the company hired to consolidate and modernize Medicare's computers, was sent a letter from the Department of Health and Human Services to "stop all work, make no further shipments, place no further orders, and terminate all subcontracts."

According to Bill Fry, director of the OSMA's Ombudsman Services, the news is not necessarily bad for physicians.

"Here in Ohio, Nationwide Medicare does a very credible job with a very difficult program, and the staff has always been available to us," Fry says. "To me, the proposed consolidation meant a bigger entity, which could possibly mean poorer service."

Medicare's announcement, Fry continues, may actually benefit physicians in the long run.

"This termination of the contract actually spells a reprieve for physicians, because the OSMA will be able to continue to work with local representatives of Medicare and, in turn, better inform our member physicians about reimbursement issues and help solve any problems they might encounter." ■

OSMA Calendar

The OSMA, in conjunction with the Adams Physician Advisory, has planned the following reimbursement and collection seminars.

Exploring Reimbursement Issues

This full-day program explores techniques for reimbursement and collection to help practices realize maximum reimbursement. Participants receive a workbook of sample documents and effective protocols to streamline billing and collecting procedures.

Nov. 18 – Dayton Convention Center, Dayton

Nov. 19 – Holiday Inn Eastgate, Cincinnati

Nov. 20 – Concourse Hotel, Columbus

Nov. 21 – Sheraton Suites, Cuyahoga Falls

Exploring the New Evaluation and Management Guidelines

This full-day workshop covers the new HCFA documentation guidelines for evaluation and management procedures. A workbook is included. Participants will review:

- Correctly documenting the elements of E&M codes;
- New HCFA requirements for examinations;
- Single organ system examination requirements;
- Multisystem examination requirements.

This workshop will be held in four locations the last week of January and second week of February 1998. Watch *OHIO Medicine* for more details.

Principles of Documentation

Accurate, concise documentation in patient records is important to protect your practice from fraud and to help control the cost of care. This full-day program will explore the various principles of documentation and record-keeping. In this workshop, participants will learn:

- How to correct patients' charts.
- How to design and use consent and signature forms.
- What should be in an operative report.
- The rules for record retention.
- Correct documentation of E&M codes.
- Legal issues concerning record release.

This workshop will be held in four locations the last week of January and second week of February 1998. Watch *OHIO Medicine* for more details.

The Ohio State Medical Association, in conjunction with Conomikes Inc., will sponsor the following practice-management seminars.

Patient Flow Management

This workshop focuses on maximizing patient flow while maintaining high levels of patient satisfaction. Major issues addressed include: effective telephone management, appointment scheduling methods, front-office and back-office strategies, and dealing with medical records problems.

Dec. 2 – Crowne Plaza Hotel, Dayton

Dec. 3 – Clarion Hotel, Worthington

Dec. 4 – Sheraton Suites, Cuyahoga Falls

Financial Management

In this one-day seminar you'll learn how to set your own fees and rates. Determine where you are making and losing money, and how to avoid pitfalls. Improve your collection results. The financial management seminars are tentatively scheduled for early 1998. *Watch OHIO Medicine* for exact dates and locations.

If you'd like to register for any of these meetings, contact the OSMA's Department of Meeting Management at 1-(800) 766-6762, Ext. 136. ■

Browsing for obscure medical books on the Web

Editor's Note: *As part of its Computer Chat column, OHIO Medicine will periodically report on computer software available for medical professionals. The OSMA, however, does not endorse any software product. The reports published here are for informational/educational purposes only.*

Having a hard time finding an obscure medical book? Try MEDBOOKstore on the Internet. With more than 71,000 medical publications and products, MEDBOOKstore probably has what you're looking for.

"MEDBOOKstore.com is a 'virtual bookstore,'" says Sundeep Bhan, Medsite Publishing's president. "It provides several conveniences not available at traditional booksellers. We offer the advantage of 24-hour shopping and the customer never has to leave his or her home or office." Shipping is guaranteed within 24 hours, anywhere in the world.

VISITING THE BOOKSTORE

The site is easy to use. The home page has a stack of colorful book icons with the headings: Search, Browse by Categories, Shopping Cart, Past Orders and Customer Service. Simply click on the icon that appeals to you. If you know the book's title, author's name or subject, type it into the designated box, and click the search button. MEDBOOKstore will find it for you.

Synopses of the books and software products are provided along with the title listings. You also get opinions from previous readers and the author, plus an author biography.

The "Categories" section includes everything from reference material to patient education information.

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As you browse, you add books you would like to order to a "shopping cart." Clicking on the shopping cart reveals a list of your orders and the total cost. At this point you can deselect any items you don't want.

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For more information, contact Medsite Publishing, 60 East 13th St., New York, NY 10003, (212) 253-6913, e-mail, info@medsite.com or visit their Web site at MEDBOOKstore.com. ■

Nationwide on the Net

Now you can visit Nationwide Medicare on the Internet at www. nationwide-health.com. The home page includes three previous issues of Medicare newsletters and is divided into two sections: one for physicians, the other for beneficiaries.

Physicians must report new hires to state

■ *A state initiative is cross-checking new employees to a database of "deadbeat" parents.*

Physicians who have hired a new employee since Oct. 1 are required by law to file a report with the state, which is cross-checking that information with a state child-support database. The initiative is meant to identify parents who are delinquent in paying their child support.

Arnold Tompkins, director of the Ohio Department of Human Services, recently told the *Gongwer Report* that, "Lack of financial support from an absent parent has been cited in the past as one of the leading causes of young, single parents going on welfare. When that happens, all of us pay for the failure of parents to meet their obligations to their children."

A pilot program for new-hire reporting actually went into effect in January 1996, affecting about 90,000 businesses employing 25 or more people. Through March 1997, that initial push gathered information on 2.3 million new employees, which matched 40,000 parents owing child support and resulted in $24 million in collections. The second phase of the initiative will affect all 225,000 Ohio employers.

The state has contracted with a third party, BDM International, to process all new-hire reports and perform data entry. Employers may submit reports electronically, magnetically or by hard copy.

While the state recently sent a letter to all Ohio employers describing their obligation under the new law, physicians who have questions should contact the Cleveland operations center of BDM International at 1-(800) 208-8887. ■

Ask the Ombudsman

Q: I recently treated a Medicare patient for injuries suffered in an auto accident. Who do I submit my bill to?

A: According to Medicare, the physician should first bill the insurance company that accepts financial responsibility for the incident (which, in this instance is either your patient's insurer or the other driver's). If, after 120 days, the physician has received no response from the insurer or is notified that the insurer is further investigating the claim, the physician may:

- **Continue the claim with the insurer and await payment.** Physicians should be aware, however, that if they choose this route, they cannot later submit a bill to Medicare without documentation from the insurance company explaining the status of the claim.
- **Withdraw the claim from the insurer and bill Medicare.** If the physician chooses this, he or she is agreeing to accept the Medicare allowed reasonable charge as payment in full. If, in the interim, the insurance company remits payment to the physician, it must be returned to the insurance company.

OSMA agency offers medical savings accounts

■ *Physician-employers who qualify can choose from two insurance products.*

OSMA members may now take advantage of a medical savings account (MSA) program offered by the OSMA Insurance Agency through Medical Mutual of Ohio.

To qualify for the program, the physician must have 50 or fewer employees and be in one of the following practice arrangements:

- Sole proprietor
- Partnership
- Subchapter S
- C corporation

The qualifying physician may choose an MSA program for his or her own health needs and/or offer the program to employees. Two options are available: a traditional plan or a managed-care plan. Both offer an individual deductible of either $2,000 or $2,250 and a family deductible of $3,000 or $4,500.

MSAs, established in 1996 by the Kassebaum-Kennedy Act, may be used to pay for medical expenses in conjunction with a high-deductible insurance plan. After the individual, who is contributing funds to an MSA account, has met a chosen deductible, the MSA then pays for 100% of medical expenses for the remainder of the calendar year.

For employees, an MSA has several advantages:

- Cash contributions are either deductible or excludable from the individual's federal gross income.
- Unused MSA funds and any interest earnings accumulate tax-free.
- Withdrawals from an MSA for qualified medical expenses are free from federal income tax.

"Because medical savings account dollars aren't taxed, employees can get more for their money," says John Mayer, general agent for the OSMA Insurance Agency. "Plus, interest accumulates on the account on a tax-deferred basis."

At the same time, physicians may also benefit from medical savings accounts. "The nice thing for our members is that, as a participant in an MSA, they enjoy the tax advantages," Mayer says. "There's also an indirect benefit for a physician who treats a patient with an MSA, because the patient's money is outside the managed-care system. When patients come into a practice with their own money, an insurance company can't dictate how those dollars are spent."

What You Can Do: To receive a free practice feasibility study, contact John Mayer at 1-(800) 766-6762, Ext. 234. ■

Retire your medical debt

The Ohio Physician Loan-Repayment Program will repay up to $80,000 of medical school debt for primary care physicians who agree to practice in one of Ohio's medically underserved areas. Applications are due to Ohio Department of Health by Dec. 10, 1998.

For more information, contact the department at (614) 644-8508 or fax to (614) 644-9850. ■

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Dr. Alexander receives Daniel Drake Award

Colleagues

J. WESLEY ALEXANDER, MD, Cincinnati, has received the University of Cincinnati's 1997 Daniel Drake Award. The award honors distinguished living UC College of Medicine faculty or alumni for outstanding or unique contributions to medical education, scholarship or research. Dr. Alexander is a professor of surgery at UCCM and is medical director at the Ohio Valley Life Center and the Ohio Valley Tissue and Skin Center.

LOUIS BROCKMEIER, MD, Cincinnati, has been elected vice chair of the Ohio State Medical Association's Organized Medical Staff Section. He will serve a two-year term ending in May 1999. Dr. Brockmeier is a cardiologist and an academy councilor.

ROBERT T. BRODELL, MD, Warren, has been named a "Master Teacher" at the Northeastern Ohio Universities College of Medicine. Dr. Brodell is professor of internal medicine and head of the dermatology section of the Department of Internal Medicine.

Dr. Brodell

STEVEN L. DELAVERIS, DO, Columbus, received the White Coat Award from the Ohio University College of Osteopathic Medicine. The award recognizes faculty members with 15 or more years of service who have demonstrated significant contributions to the future of osteopathic medicine. Dr. Delaveris is a board-certified family practitioner.

Dr. Delaveris

HARRISON G. WEED, MD, Columbus, a physician in the Ohio State University Medical Center's Department of Internal Medicine, has been elected a fellow of the American College of Physicians.

JOHN W. SCHAEFFER, MD, Lorain, has been named the new Ohio Chapter president of the American College of Cardiology. Dr. Schaeffer specializes in cardiovascular diseases. The subspecialty society supports issues that affect cardiology and cardiovascular surgery.

GILBERT SCHIFF, MD, a Cincinnati internist, has received the 1997 Distinguished Alumni Award from the University of Cincinnati College of Medicine. During the last 33 years he served as UC's director of infectious diseases and as president of the James N. Gamble Institute of Medical Research.

JAMES J. NORDLUND, MD, Cincinnati, has received the American Skin Association's annual Vitiligo Research Award, which carries a $10,000 award. He plans to use the money to research the skin disorder in Tanzania, Africa. Dr. Nordlund is a professor and chair of the Department of Dermatology at the University of Cincinnati College of Medicine. ■

HENRY C. BEEKLEY, MD, Cincinnati, University of Cincinnati College of Medicine, Cincinnati, 1933; age 91; died July 11, 1997.

WILLIAM F. BIRSKOVICH, MD, Warren, Case Western Reserve University School of Medicine, 1950; age 77; died June 19, 1997.

JOHN J. DOBKINS, MD, Canton, University of Toronto Faculty of Medicine, Toronto, Ontario, 1939; age 83; died July 28, 1997.

STEVE E. KEISTER, MD, Paris, Ohio, Ohio State University College of Medicine, 1945; age 75; died July 24, 1997.

JOSEPH MACEDONIA, MD, Steubenville, Facultad de Medicina de la Universidad Autonoma de Guadalajara, Jalisco, Mexico, 1967; age 57; died July 23, 1997.

CARL A. MINNING, SR., MD, Batavia, University of Cincinnati College of Medicine, 1932; age 91; died Dec. 2, 1996.

ROLAND E. NIEMAN, MD, Cincinnati, University of Cincinnati College of Medicine, 1940; age 82; died July 28, 1997.

ALVIN D. POWELEIT, MD, Kentucky, University of Louisville School of Medicine, Louisville, KY, 1960; age 89; died July 13, 1997.

RAMCHANDRA RAMNATH, MD, Kettering, University of Bombay, India, 1954; age 67; died July 9, 1997.

GAETANO RONCAGLI, MD, Cleveland, Facolta di Medicina e Chirurgia dell' Universita di Bologna, Bologna, Italy, 1948; age 75; died July 29, 1997.

JEROME J. STANISLAW, MD, Warren, St. Louis University School of Medicine, St. Louis, 1956; age 67; died July 5, 1997.

BOYD W. TRAVIS, MD, Bluffton, University of Pennsylvania School of Medicine, Philadelphia, 1931; age 93; died July 14, 1997.

ALFIN VICENCIO, MD, Marion, Faculty of Medicine & Surgery University of Santo Tomas, Manila, Philippines, 1966; age 53; died June 22, 1997.

CHARLES G. ZEGIOB, MD, Northfield, St. Louis University School of Medicine, St. Louis, 1943; age 78; died June 13, 1997.

MARK I. ZELIGS, MD, Cincinnati, University of Cincinnati College of Medicine, 1935; age 89; died July 22, 1997.

Free coding materials available

The OSMA Ombudsman Services offers members information on a variety of practice economics issues. Members may request any of the following publications at no charge. Contact the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228, and ask for the appropriate item number(s). Please allow four to six weeks for delivery.

- Billing and Documenting Covered and Noncovered Services Performed on the Same Day (Item #36)
- Consultations and Referrals Defined (Item #37)
- Evaluation and Management Services – Coding Charts for Easy Selection (Item #38)
- ICD-9-CM – Official Guidelines for Diagnosis Coding (Item #39)
- Pap Smears, Coding for Reimbursement (Item #40) ■

Coding Corner

Q: We have the new documentation guidelines for the E/M services and are confused over the bullets, elements, what to document and what is to be left undocumented. Apparently HCFA can assume some things are performed (i.e., not documented). We are beginning to think that true compliance with these new guidelines may not be possible for us.

A: Within each element (bulleted item) there may be several components that must be performed, but only one of the components must be documented. Recognize that patient care may need much more, and that for the medical record to be complete good documentation requires all positive findings and pertinent negatives be included. HCFA will assume that all of the components to a bulleted element were performed unless the medical record specifically states otherwise.

For example, if the documentation reads "examination of the spleen was unremarkable, examination of the liver was deferred" it would not satisfy documentation requirements. However, "examination of the spleen was unremarkable" would because nothing was deferred and documentation of only one component was required. HCFA would assume the liver was examined in this case, but not noted in the dictation.

Also, within the new examination guidelines there are some areas/systems that are left blank with no bulleted items. In those cases, HCFA doesn't expect performance of an exam in these areas, but the physician might feel it's important to do so for some medically necessary reason. It's important for physicians to remember not to bill a Level 5 exam if it isn't medically necessary and documented in the patient's medical record.

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Lake Hospital System....4
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Medical Inter-Insurance....22
Medical Protective Co....12
Mutual Assurance....2
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Omnia, Inc....8
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PIE Mutual Insurance Co....24
The Premium Group....20

To order free information, see Page 3.

CME available until Dec. 31

Physicians may earn three hours of Category 1 continuing medical education by requesting the OSMA training manual, "The BWC HPP: Transitioning Theory Into Reality." The manual, which covers the Bureau of Workers' Compensation's new Health Partnership Program, is available for $50. Physicians read the material and return the completed questionnaire to the OSMA for CME credit.

Because the information is timely, CME credit will be offered only until the end of the year. To order the manual, contact Cathy Sonnhalter, OSMA Department of CME and Outcomes Research, at 1-(800) 766-6762, Ext. 144. Or complete the order form below and mail to the OSMA, Department of CME and Outcomes Research, 1500 Lake Shore Drive, Columbus, Ohio 43214 or fax to (614) 486-3130. ■

Please send me a copy of "The BWC HPP: Transitioning Theory Into Reality."

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December 1997

OHIO Medicine

A Publication of the Ohio State Medical Association

Photo by Ted Grudzinski

Alliance Brings Extinguisher to Ohio

Columbus area schoolchildren had an opportunity to meet the AMA Extinguisher and his sidekick, Dr. Know, on Nov. 20, the day of the Great American Smokeout. The Extinguisher, a costumed superhero, has ultrasensitive smoke detectors and super human powers to warn children of the dangers of tobacco. The Extinguisher also visited schools in Toledo and Dayton.

PHPPA bill victorious

OSMA helps reduce health plan hassles

■ *The passage of the Physician-Health Plan Partnership Act will standardize health-plan practices across Ohio.*

The passage last month of the Physician-Health Plan Partnership Act (PHPPA) has brought broad-based managed-care reform to Ohio physicians and their patients.

The new law was launched as a legislative initiative early this year as a joint effort of the Ohio State Medical Association and Kaiser Permanente. The cooperative effort marks the first time in the nation that medicine has teamed with managed care to effect comprehensive reform in the health-care marketplace.

"I think such alliances will become more common in the future," says Lance Talmage, MD, OSMA president-elect.

OSMA President Su-Pa Kang, MD, calls the bill a victory for all of Ohio's physicians and their patients, and an example of what medicine can accomplish when it works together.

"Through the OSMA's leadership, and through our coalition effort, we have been successful in passing a bill that will make meaningful reforms in the marketplace," says Dr. Kang. "This bill is a first step toward protecting our patients as well as our profession's ability to provide Ohioans with the best medical care possible."

Among other reforms, the bill:

- **Standardizes credentialing.** A single form, created by the Ohio Deparment of Insurance, will be used by all managed-care plans for credentialing and recredentialing providers.
- **Provides contract disclosure,** including information about reimbursement and advance notice of changes.
- **Prohibits gag clauses.**
- **Prohibits retroactive denial of payment for eligible enrollees.**
- **Establishes a "performance improvement plan"** for physicians who are about to be terminated by the plan for not complying with plan guidelines.
- **Provides patients with more information about their plan,** and establishes a grievance procedure for patients who wish to appeal decisions regarding denial of coverage.

"The partnership between proven medical practices and sound business principles is the key to quality health care," says Ronald Copeland, MD, vice president and associate medical director of the Ohio Permanente Group at Kaiser Permanente.

What You Can Do: If you have questions about the PHPPA, contact the OSMA Department of Legislation at 1-(800) 766-6762. ■

Automated multichannel codes deleted from CPT

■ *For physicians and laboratories, the change means less paperwork.*

As of Jan. 1, 1998, the AMA's *Physicians' Current Procedural Terminology* (CPT-4) will no longer include the automated multichannel testing codes 80002-80019. Coders are told to use the 12 codes under organ- and disease-oriented panels 80049-80092. The tests that are included in these [illegible]ake into consideration those tests most frequently performed in conjunction with one another for a specific medical (diagnosis) purpose.

Under the old way of billing for groups of tests that were included in the multichannel listings, Medicare and other carriers found it nearly impossible to determine exactly what tests were being performed as well as whether each of those tests were medically indicated, especially when the amount of tests involved were in the 12-22 test range. Consequently, physicians and labs had to provide documentation upon request by the carriers, listing those tests along with the diagnosis for each. The new panel codes are expected to solve the problem because the very nature of these tests indicates their medical necessity, which should coincide with the diagnosis code that's billed. Also, a panel may not be billed unless every test that's included is performed, leaving no room for doubt about the tests involved.

Labs will still be able to perform 20 and 22 tests together, but cannot bill them under one general multichannel code as before. If labs bill any combination of tests individually that were originally included in the old multichannel listing, the carriers will probably bundle those codes and reimburse them according to the old multichannel rates.

Physicians are reminded that there is a three-month grace period for users to implement these changes, which ends March 31, 1998. ■

Redesign to debut Jan. 1

In an effort to make the news more accessible to a larger number of OSMA members, *OHIO Medicine* is going through its first significant redesign in five years.

In January, the magazine will have a much cleaner, contemporary look that will make it easier for physicians to select the news that most interests them. Sections also have been renamed to better reflect the contents of the magazine.

In the 92-year history of *OHIO Medicine*, the association has significantly changed the magazine only once before – in 1992, when it was redesigned as a tabloid-sized "quick read" that allowed physicians to skim the news at their leisure, much like *USA Today*. ■

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PIE says changes a plus for insureds

Larry Rogers, president of The P.I.E. Mutual, says recent newspaper reports of the medical malpractice insurance carrier's impending demise are way off base.

Physician concerns arose as the result of recent newspaper articles stating first that The P.I.E. Mutual was under supervision by the Ohio Department of Insurance (ODI) and next that it had failed to meet an ODI deadline to disclose third-quarter financial data. The ODI places insurance carriers under supervision when it has concerns about the adequacy of their financial reserves. These newspaper reports were followed by an announcement by The P.I.E. Mutual that it was aligning with The Doctors' Company (TDC) of Napa, Calif. TDC currently provides coverage to nearly 20,000 physicians in group and solo practices and to health care facilities nationwide.

Under the terms of the new alignment, The P.I.E. Mutual will no longer issue malpractice insurance. Instead, it will operate as a management company for TDC, under the name The P.I.E. Insurance Agency Group, Inc. As a management company, The P.I.E. will handle marketing, underwriting, risk management, claims handling and contacts with lawyers for the 15,000 insureds P.I.E. covers in nine states. On their renewal dates, physicians who are currently insured by The P.I.E. Mutual will be offered insurance coverage under TDC. The P.I.E. Mutual will continue to be liable for previous claims, which will be paid out of its reserves.

This news has left Ohio physicians wondering about the status of their existing malpractice coverage under The P.I.E. Mutual. Particular concern has been expressed about whether The P.I.E. Mutual has enough money in its reserves to cover claims made against it prior to the alignment with TDC.

In an interview with *OHIO Medicine*, The P.I.E. Mutual President Larry Rogers made the following points:

- The P.I.E. is "very comfortable with its loss reserves." Rogers points to the fact that news articles claiming that The P.I.E. Mutual will have problems covering past claims are based on national trends for loss reserves. He says that P.I.E. has a reputation for settling claims for substantially less. In addition, Roger says, P.I.E. has gone through a massive re-engineering over the past two years and anticipates an administrative savings over the next five years of more than $20 million, which will add to these existing reserves, Rogers says. The P.I.E. Mutual has reports that will back up this claim and will make this information available upon request.
- Physicians should be pleased with their new coverage under TDC. Rogers says that insured physicians will have their insurance issued by a carrier with an "A" financial rating. Rogers says TDC is a physician-oriented carrier, with the same philosophy as P.I.E.

P.I.E. insureds who have questions about their coverage should contact Alan Rogers, vice president, marketing at The P.I.E. Agency, 1-(800) 228-2335 or Herb Gillen, senior OSMA director, at 1-(800) 766-6762. *OHIO Medicine* will keep you updated on this issue. ■

Part-timers offered discount dues

Members of the OSMA Task Force on Membership Marketing took a recommendation to the OSMA Council for a statewide membership category that would offer a 50% discount on OSMA membership dues to physicians practicing less than 20 hours per week regardless of age. The OSMA Council approved the recommendation.

The category will replace the current semiretired category and a part-time membership dues pilot program currently in affect in Franklin County.

The reason for initiating a new membership category is based on the likely growth of part-time practitioners as more physicians reduce work hours to raise families, work alternative schedules or prepare to retire at an earlier age.

Doug Evans, director, OSMA Division of Membership Services, pointed out that the number of members in the semiretired membership category has been increasing each year since its inception in 1989. Numbers have increased from 54 semiretired members to a current total of 218.

The Columbus Medical Association implemented their part-time membership pilot program three years ago. Four members currently take advantage of the program, which allows physicians who practice less than 20 hours per week to join at half off the regular dues rate.

MEMBERSHIP REPORT

Total membership has increased over 1996 year-end totals by 486 members. Increases have occurred in retired, resident and medical student members. There has been a slight decrease in active and nonresident members of 39, or .3%.

Reviewing the county membership figures: 36 counties had membership increases totaling 173 members; 35 counties had membership decreases totaling 211; and 17 counties remained the same.

MARKET RESEARCH PROJECT

A statewide membership market research project is under way to identify issues of concern to Ohio physicians, and to solicit input from members and nonmembers. An outside firm has been hired to conduct a telephone survey of 650 Ohio physicians. ■

OHIO*Medicine*

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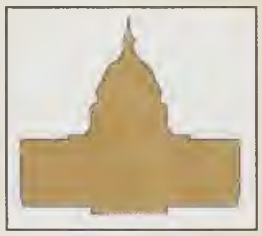
Inside

■ **AUDITS BEGIN JAN. 1** for Medicare claims containing E&M codes. Physicians will need to provide copies of patients' charts for review. If fraud is detected, penalties will be severe...**4**

■ **THE MEDICAL BOARD'S NEWEST POSITION PAPER** focuses on phy-sician statements made on reim-bursement or billing documents, addressing, in effect, the issue of supervision...**6**

■ **HOW HAS THE OSMA FARED** on its 1997 legislative priorities? Progress has been made on all five health-care bills that the OSMA selected as measures meriting the OSMA's legislative attention...**8**



■ **HOT INVESTMENTS:** When it comes to earning the most for your money, your dues dollars may be your smartest bet...**13**

■ **BWC MOVES TO PHASE III:** Beginning Jan. 1, the final phase of the Health Partnership Program will be implemented. That means all medical claims will now be handled through managed-care organizations...**15**

■ **OUTSTANDING YOUNG PHYSICIANS** demonstrate through their work and service that the future of the medical profession and Ohio patients remain in good hands...**16**

■ **THE ANTHEM LAWSUIT** was scheduled for a court hearing to determine whether or not the suit should be dropped...**19**

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- Item #42 – "Safety Parameters in the Office" – A Checklist

Medicare audits mean more paperwork

■ *Physicians soon will be asked to provide documentation of claims containing E&M codes.*

Physicians who submit claims containing E&M codes to Medicare may find their records being audited as early as Jan. 1. The new audit process is expected to create a paperwork headache for physicians, but the OSMA's Ombudsman, Bill Fry, says compliance is a must.

"The Health Care Financing Administration (HCFA) has mandated its Part B Medicare carriers to randomly sample claims with E&M codes and to select a percentage of those for audit," Fry says. "Physicians will be asked to provide the carrier with copies of patients' medical charts for review to determine if the reported service matches the documentation."

MORE PAPERWORK AHEAD

Obviously, Fry continues, "Doctors are not going to appreciate this because of the paperwork. It's definitely going to be a burden on the doctor. But if you document well, that should be the end of the audit."

While there has been no official word on what sparked this latest requirement, Fry attributes it to high-placed pressure.

"HCFA and the carriers are constantly coming up with ways to please the Office of the Inspector General (OIG) with regard to provider fraud. I think that this particular activity springs from recent statements made by the OIG that HCFA isn't doing enough to curb fraud and inaccurate billings to Medicare and Medicaid. This is HCFA's way of showing that it is, in fact, cracking down on fraud."

The OSMA, meanwhile, intends to monitor the local Medicare carrier on how it intends to audit a claim, request documentation from the physician, review the medical record and pay the claim within the 14-day payment window required by law. "We asked the carrier if it will be able to continue to meet its payment requirements, and it has indicated that it will," Fry says.

The bottom line, it appears, is to comply with Medicare's request in a timely fashion. "Physicians need to take this seriously," Fry says. "Routine and continued malreporting can be considered fraudulent and carry stiff penalties."

What You Can Do: If you have questions about complying with Medicare's prepayment audits, contact the OSMA Ombudsman at 1-(800) 766-6762. ■

Government targets provider fraud, abuse

The federal budget bill that passed Congress this summer contains additional language that targets provider fraud and abuse in the Medicare and Medicaid programs. For example:

EXCLUSION FROM PROGRAMS

If a physician is excluded from participating in federal health-care programs because of patient abuse, felonies related to health-care fraud or controlled substances, or to crimes related to the program, and this is the physician's second conviction, the physician will be unable to participate in the programs for 10 years. If it is the physician's third conviction, the physician is barred from participating in federal programs for life.

A separate provision allows the secretary of Health and Human Services (HHS) to deny entry into the Medicare program or a renewal to any provider convicted of any felony that is deemed "detrimental to the best interests" of Medicare.

FRAUD HOTLINE FOR PATIENTS

Medicare beneficiaries will be provided a toll-free telephone number on every explanation of benefits form beginning Jan. 1, 1998. Patients may use this to report complaints or to offer information about waste, fraud and abuse in the Medicare program. They will also be allowed to request an itemized bill.

CIVIL MONETARY PENALTIES

Physicians excluded from federal health-care programs are not permitted to order any health-care item or service for patients enrolled in these programs. To make sure this rule is enforced, the new law imposes monetary penalties on any persons who contract with and provide goods and services to a physician they know, or should know, is excluded from the program.

DIAGNOSTIC INFORMATION CONDITION OF PAYMENT

Beginning Jan. 1, 1998, physicians will be required to supply diagnostic information to any entity that is required to furnish that information to the HHS secretary. Payment will not be made to the physician until the information is sent. This applies to diagnostic X-rays, diagnostic lab tests and other diagnostic tests. ■

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Position statement tackles subject of supervision

State Medical Board

The State Medical Board of Ohio adopted a policy paper in September regarding physician statements made on reimbursement or billing documents.

The board's Medical Practice Act and Rules Committee was charged with drafting the paper, which arose from complaints the board received from third-party payors. These payors claimed physicians signed forms indicating they supervised or provided services when, in fact, they did not.

The paper proposes the following: The board will compare the actual activities of the physician to the certification made on the billing document. If the comparisons do not match, the physician could be charged with violating the Medical Practice Act.

The OSMA reviewed a draft of the board's paper and submitted comments to the board about the vague and broad language the board used in the position paper. The OSMA will forward to Council additional comments regarding concerns with the position paper to the board and request that the paper be re-examined.

The position paper is available through the State Medical Board. For a copy, contact the board's office at: State Medical Board of Ohio, 77 S. High St., 17th Floor, Columbus, Ohio 43215, (614) 466-3934.

OF INTEREST

Should nurses perform amniotomies?... The board's Scope of Practice Committee is reviewing whether or not nurses should perform amniotomies, a question that now seems to be decided on a hospital-by-hospital basis.

Board members acknowledged that, at some Ohio hospitals, primarily rural, nurses are already performing this procedure. Doctors and nurses at a Columbus hospital have asked the board to prepare a position paper on the subject. The nursing board has deferred to the medical board for a decision on this matter since amniotomies are considered the practice of medicine. ■

Education highlights AMA-OMSS

While policymaking decisions will be the primary purpose of the American Medical Association Organized Medical Staff Section (AMA-OMSS) Assembly Meeting Dec. 4-8 at the Wyndham Anatole Hotel, Dallas, educational forums and workshops will be equally important.

Physicians can earn up to 10.5 CME credits by attending sessions on forming physician organizations; the essentials of measuring, managing and marketing physician outcomes; medical staff re-engineering and bylaws; and group dynamics and team building.

In addition to these educational programs, attendees will have the opportunity to participate in general interest forums, testify at reference committee hearings, vote on actions and network with other medical staffs.

To receive more information and registration materials, please call 1-(800) 621-8335 and ask for the Department of Organized Medical Staff Section. ■

OSMA-MSS Report

Recruitment numbers soar for students

The OSMA Medical Student Section reported its highest recruitment season since the Physicians Insurance Company of Ohio (PICO) withdrew its financial support for student membership in 1991. The year-to-date total is 496.

First-year medical students at the Medical College of Ohio were polled to determine reasons for joining the OSMA and AMA. The top five reasons were:

- Discounts for members (i.e. medical equipment, rental cars, airfare)
- Raffles for free textbooks
- Subscription to *JAMA*
- Subscription to *AMNews*
- Reputation of the AMA

Other reasons included the opportunity to travel to conferences, interest in legislative issues, opportunity to meet nationally known physicians and ability to attend chapter events.

Other items discussed:

AMA-MSS INTERIM MEETING

Steven Stack, OSMA-MSS chair, encouraged members to bring a large delegation to the AMA-MSS Interim Meeting in Dallas in December.

Each medical school was encouraged to provide at least a delegate and alternate delegate from its chapter. "The Interim Meeting is one of the best opportunities available to generate the excitement and leadership necessary to develop the 1998-1999 chapter leaders," Stack said.

PROPOSED RESOLUTION

Nirav Raval submitted a resolution to be considered for the OSMA House of Delegates meeting in May 1998. The resolution seeks to reform Ohio's neonatal metabolic screening system by requiring certain notifications be sent to parents and regional authorities. State and chapter officers will review the resolution, and the OSMA-MSS Governing Council will vote on it at its February meeting.

STUDENTS PREVIEW VIDEO

The new AMA-RPS recruitment video, "A Powerful Voice," was previewed by those attending the October meeting of the OSMA-MSS. The 10-minute video is a compilation of interviews with AMA resident members and various AMA leaders in which they discuss the difficulties of residency and the benefits of AMA membership.

COMPUTER PROJECT

The OSMA-MSS now has a listserv set up. You can sign up through your Web browser. Visit it at http://moms.creighton.edu/compro.

Northeastern Ohio Universities has established a Web page for its chapter. Check it out at http://www.neoucom.edu/neomss. The OSMA Web site, which is currently being developed, will include a Medical Student Section page.

OMPAC UPDATE

A slide presentation demonstrating the effect political action committees can have in the political arena was shown by Steven Brezny, MSS member of the Ohio Medical Political Action Committee (OMPAC).

Brezny pointed out that physicians' contributions have declined in the past few years. "If this trend doesn't reverse," Brezny says, "physicians will lose their ability to effectively participate in many aspects of Ohio legislation and will not have much of a voice in shaping the future of medicine in Ohio and protecting the rights of patients." Student contributions to OMPAC are $10 per year. Membership forms for the Physician Legisative Action Network were also distributed. ■

Hearings continue on jury duty exemptions

The measure that would eliminate six current automatic exemptions for jury duty has passed the Ohio Senate and is now under discussion in the House Civil and Commercial Law Committee.

If passed, Senate Bill 69 would allow physicians, attorneys, dentists, elected public officials and people aged 70 and older to serve on juries. The only individuals who may qualify for an exemption once the bill becomes law are cloistered members of religious organizations, but even that exemption may be in doubt since a provision allowing the exemption was dropped from the official Senate version.

Physicians would no longer be exempt from jury duty.

The bill also raises the compensation for jurors from $15 a day to $40 a day. ■

Progress report

OSMA makes strides with priority legislation

In January, the OSMA Committee on State Legislation set five legislative priorities for the year. Here's where those priorities stand at the end of 1997:

Allied Practitioners/ Scope of Practice

Although the advanced practice nurses did not return to the Statehouse this year seeking prescription authority, a provision in the budget bill that passed this summer allows the dispensing of certain classes of drugs by APNs practicing in the state's nurse pilot program. The pharmacists also arrived with Senate Bill 66, which expands their scope of practice by allowing "consult agreements" between physicians and pharmacists.

What It Means to You: This bill (SB 66) allows a pharmacist to manage a patient's drug therapy in cooperation with a physician or other health-care professional licensed to prescribe drugs.

Status: SB 66 is in the House Health Committee.

OSMA Involvement: While the OSMA is neutral on this bill, it continues to have reservations that the bill's passage will set precedent for future legislation by pharmacists or other allied practitioners.

Health-Care Facilities/Services

The OSMA continues to monitor the Ohio Department of Health's proposed quality rules on services and facilities. Recently, ODH Medical Director Virginia Haller, MD, assured OSMA Council that the ODH will protect raw data it collects from facilities. In addition, last month a bill was introduced in the Ohio House that will mandate a statewide trauma system.

What It Means to You: The proposed trauma legislation would require the Ohio Department of Health to adopt rules for the designation of trauma centers and would also call for protocols to determine when patients are sent to trauma centers vs. other hospitals without trauma designation.

Status: The bill was just introduced in the Ohio House.

OSMA Involvement: The OSMA is working with the OHA: The Association for Hospitals and Health Systems to educate physicians about the bill and to gather input on how the measure may impact the delivery of care. Several meetings have been held around the state for this purpose.

Insurance/Market Reform

The committee identified two issues under this priority:

The Managed-Care Uniform Licensure Act (MCULA). The bill introduced in 1996 by the Ohio Department of Insurance was the first attempt in the nation to regulate all types of managed-care plans, including those owned by physicians, and to require these plans to maintain the same solvency standards as traditional health-maintenance organizations (HMOs).

What It Means to You: The OSMA monitored this bill (Senate Bill 67) closely since it will affect those physicians who want to form their own networks and contract directly with employers and other payors – either now or in the future.

Status: The bill passed and became law on June 4.

OSMA Involvement: The OSMA had successfully urged legislators to recognize that not all managed-care plans are equivalent, and should not be regulated the same way. Physician-owned plans have lower minimum solvency standards as a result of the OSMA's efforts, and physicians are now able to offer competitive managed-care products in the marketplace.

The Corporate Practice of Medicine. Ohio legislators decided to take another look at the state's ban on the corporate practice of medicine, which prohibits the employment and control of physicians by nonphysician-owned and -controlled entities. Because of marketplace changes and other factors, the OSMA Council voted in 1996 to relax the association's traditional support of the ban, as long as clinical autonomy could be maintained in all corporate arrangements.

What It Means to You: Senate Bill 31 allows business arrangements between physicians and osteopaths, optometrists, podiatrists, chiroprac-

See **PRIORITY** *Page 9*

Managed Care
General Assembly seeks to standardize it

Editorial

The era of managed care has led to a number of problems for doctors, patients and insurers. Most pitfalls stem from efforts to balance the competing needs of quality care and cost containment.

Everyone has heard scare stories:

- Doctors prevented from ordering needed tests.
- Doctors directed not to tell patients about possibly necessary procedures.
- Doctors fired for not keeping down costs.
- Patients denied expensive but necessary medication.

To solve these kinds of problems and bring systematic regulation into managed care in Ohio, the General Assembly has devised legislation that looks as though it will be helpful for physicians, patients and insurers.

The bill was crafted with the help of the Ohio State Medical Association and Kaiser Permanente, a giant health-maintenance organization. The Senate approved the House-passed legislation last week and yesterday the House concurred in changes, sending the bill to the governor.

Here are some of the key provisions:

- It provides a standard for managed care so, for instance, patients needing experimental treatment under various plans would be following the same procedures.
- It gives doctors a chance to correct what is considered inappropriate practice. A physician who is ordering more of one test than his peers would not be summarily cashiered but be given a chance to conform.
- It would involve doctors in policy decisions – altering the perception that managed-care organizations are concerned only with profits.
- Providing emergency service for any patient with a condition he believes could result in serious impairment without immediate attention.

Carol Mullinax, a spokeswoman for the medical association, says bits and pieces of laws in other states were incorporated, but she believes the final product is more comprehensive than any other.

Sponsored by Dale N. Van Vyven, R-Sharonville, in the House and Karen L. Gillmor, R-Old Fort, in the Senate, the bill avoided roadblocks, except one killer amendment that was defeated in the House.

Will this measure smooth out all the kinks in the managed-care spectrum? Probably not. But it should make some welcome changes in a manner of providing medical care that is continuously growing. If, after a time, it is apparent there are chinks that need to be filled, the Legislature can return to this issue.

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Schools may become Medicaid outreach centers

Could schools serve as outreach centers for Ohio's Medicaid program in the future?

A new bill, House Bill 564, establishes the Ohio Medicaid Outreach Program, which would reimburse schools for identifying students who have or are at risk of developing educational or health-related problems.

Currently, a similar program is operating in both Michigan and Illinois, and the bill's supporters say schools could recover an estimated $100 million from the federal Medicaid program. More than 250 of the state's 612 school districts have joined together to launch the program. The Warren and Dayton school districts would each receive 3.5% of the total reimbursement for coordinating the program. An outside accounting firm would receive 20% for developing and operating the administrative function. After three years, the schools would administer the program.

Schools could include among its outreach services:

- Disseminating information about health care.
- Facilitating access to Medicaid covered services.
- Identifying and referring students who may need Medicaid-covered services.
- Performing initial health reviews.
- Notifying a child's family about his or her need for services.
- Performing quality assurance.

The bill is in the House Finance & Appropriations Committee. ■

PRIORITY...*from Page 8*

tors, pharmacists and physical therapists.

Status: The bill has passed the House and is expected to be signed into law by Gov. Voinovich.

OSMA Involvement: Although it relaxed its support of the ban, the OSMA is adamant that physicians' clinical autonomy must be protected. As the bill now stands, the OSMA has succeeded in clarifying the clinical autonomy provisions of the bill so that entities may not control the clinical decisions of physicians as long as those decisions are exercised within prevailing standards of care.

Managed Care

In March, the OSMA teamed with Kaiser Permanente to unveil the Physician-Health Plan Partnership Act (PHPPA), House Bill 361.

What It Means to You: The bill presents a number of managed-care reform proposals designed to improve patient access to health care and help to standardize health-plan practices across Ohio.

Status: The bill passed the Ohio House and the Ohio Senate and is expected to be signed into law by Gov. Voinovich.

OSMA Involvement: The bill includes many initiatives that will benefit both physicians and their patients in today's marketplace. Among some of the key provisions are: standardized credentialing; more contract disclosure; elimination of gag clauses and retroactive denial of payment. ■

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Mental health parity bill limits coverage

The legislation known as the "mental health parity" bill (House Bill 420) now defines specifically those severe mental illnesses that would qualify for insurance coverage. They are: schizophrenia, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder and schizoaffective disorder.

Rep. Charleta Tavares (D-Columbus) is the bill's sponsor. The measure prohibits discrimination in the coverage of mental illnesses in all health insurance contracts delivered or issued in this state.

DO BENEFITS VIOLATE THE ADA?

On a related matter, an employee recently sued her employer and its insurance carrier on the grounds that the company's long-term disability plan violates the Americans with Disabilities Act (ADA) because it provides disability benefits for the mentally ill up to two years, but for physically ill people until age 65.

The U.S. Sixth Circuit Court of Appeals ruled in August that the insurance policy does not fall under provisions of the ADA since the policy is not a service offered by a place of public accommodation, and because the ADA does not require all those with different disabilities to be treated equally or to be offered the same policy by insurers.

Because the decision contradicts a 1994 decision by the First Circuit Court of Appeals that dealt with insurance policies provided by a public accommodation, insurers are speculating that, ultimately, the Supreme Court will have to decide if caps on long-term mental illness disability benefits are discriminatory under the ADA. ■

Ask the Ombudsman

Q: A retired federal employee informed me that I must accept as payment in full the Ohio Medicare allowable for my services. Is this true?

A: Yes. Under the Federal Employee Health Plan, the U.S. Congress has mandated that most federal employees who are age 65+ and retired qualify for the same reimbursement restriction of the age 65+ retirees enrolled in Medicare Part B. The following federal employee health benefit plans (FEHBs) apply to Medicare Part B limits:

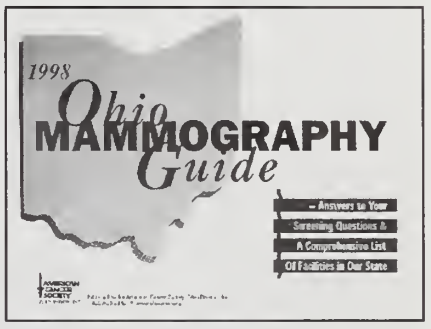
- Blue Cross and Blue Shield Service Benefit Plan
- Alliance Health Benefit Plan
- American Postal Workers Union Benefit Plan
- Government Employees Hospital Association Benefit Plan
- Mail Handlers Benefit Plan
- National Association of Letter Carriers Benefit Plan
- Postmasters Benefit Plan
- Foreign Service Benefit Plan
- National Association of Postmasters of the United States Benefit Plan
- Panama Canal Area Benefit Plan
- Rural Carrier Benefit Plan
- Special Agents Mutual Benefit Association Benefit Plan ■

Mammography guide available to physicians

A listing of mammography screening facilities around the state is now available to physicians' offices. The "1998 Ohio Mammography Guide" was compiled by the American Cancer Society, Ohio Division, with support from the Ohio Department of Health.

The guide describes the Ohio Breast and Cervical Cancer Project (BCCP), which provides free mammography screenings for low- or moderate-income women older than 50. The guide also lists by county facilities that provide those services, and includes information about fees, the ability of women to self-refer and whether or not the facility accepts Medicare or Medicaid.

The guide is currently being distributed to local health departments and medical societies, all American Cancer Society area offices and to medical schools that provide BCCP continuing education around the state.



What You Can Do: If you would like to order a guide for your office, contact Barbara Ryan, American Cancer Society, Ohio Division, at (614) 889-9565. ■

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- National Association of Letter Carriers Benefit Plan
- Postmasters Benefit Plan
- Foreign Service Benefit Plan
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- Panama Canal Area Benefit Plan
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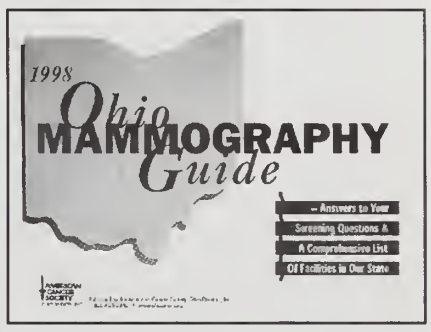
The guide is currently being distributed to local health departments and medical societies, all American Cancer Society area offices and to medical schools that provide BCCP continuing education around the state.



What You Can Do: If you would like to order a guide for your office, contact Barbara Ryan, American Cancer Society, Ohio Division, at (614) 889-9565. ■

Mental health parity bill limits coverage

The legislation known as the "mental health parity" bill (House Bill 420) now defines specifically those severe mental illnesses that would qualify for insurance coverage. They are: schizophrenia, bipolar disorder, major depression, panic disorder, obsessive-compulsive disorder and schizoaffective disorder.

Rep. Charleta Tavares (D-Columbus) is the bill's sponsor. The measure prohibits discrimination in the coverage of mental illnesses in all health insurance contracts delivered or issued in this state.

DO BENEFITS VIOLATE THE ADA?

On a related matter, an employee recently sued her employer and its insurance carrier on the grounds that the company's long-term disability plan violates the Americans with Disabilities Act (ADA) because it provides disability benefits for the mentally ill up to two years, but for physically ill people until age 65.

The U.S. Sixth Circuit Court of Appeals ruled in August that the insurance policy does not fall under provisions of the ADA since the policy is not a service offered by a place of public accommodation, and because the ADA does not require all those with different disabilities to be treated equally or to be offered the same policy by insurers.

Because the decision contradicts a 1994 decision by the First Circuit Court of Appeals that dealt with insurance policies provided by a public accommodation, insurers are speculating that, ultimately, the Supreme Court will have to decide if caps on long-term mental illness disability benefits are discriminatory under the ADA. ■

Ask the Ombudsman

Q: A retired federal employee informed me that I must accept as payment in full the Ohio Medicare allowable for my services. Is this true?

A: Yes. Under the Federal Employee Health Plan, the U.S. Congress has mandated that most federal employees who are age 65+ and retired qualify for the same reimbursement restriction of the age 65+ retirees enrolled in Medicare Part B. The following federal employee health benefit plans (FEHBs) apply to Medicare Part B limits:

- Blue Cross and Blue Shield Service Benefit Plan
- Alliance Health Benefit Plan
- American Postal Workers Union Benefit Plan
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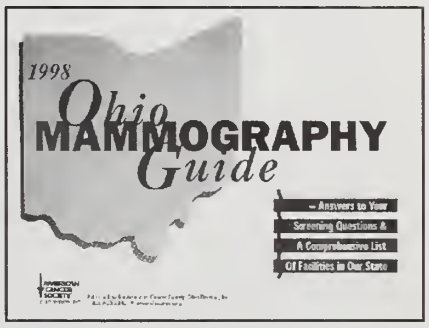

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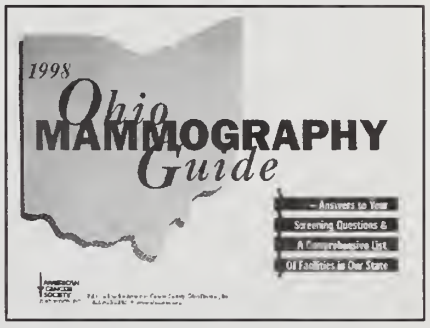

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President's Perspectives

This investment pays off

■ The stock market may be in a slump, but your OSMA membership is still considered a sure bet.

December isn't just the season for holiday celebrations. It's also the time for reflection – perhaps a quick review of the year's activities, an evaluation of our successes and failures, maybe an assessment of how many of our New Year's resolutions stood the test of time.

As you conduct this review of your personal and professional life, I urge you to assess also the value of your membership in the Ohio State Medical Association.

I assure you, we have had a very successful year. The stock market may be fluctuating, but the value of your investment in your professional life has paid dividends far beyond the cost of your dues.

Building on last year's successful tort-reform campaign, the OSMA started 1997 by making certain that physician-sponsored networks wouldn't be unfairly penalized in the evolving managed-care marketplace. Legislation proposed by the Ohio Department of Insurance would have treated these physician-owned entities like HMOs, restricting their ability to compete. The OSMA led the effort to differentiate between the two. Even if you are not now in a position to form a physician-sponsored network, the OSMA not only protected your right to develop such an entity in the future, but leveled the playing field so that when you do enter the marketplace, you will be able to compete fairly with the HMOs already there.

Call that step one of managed-care reform. Step two was OSMA's successful effort in passing the Physician-Health Plan Partnership Act (see Page 1 for complete details). This new law will help protect you and your patients' rights in the managed-care environment. It offers real, practical solutions to the managed-care problems you have encountered over the past few years by restoring you to your proper role as the medical decision-maker.

What's on the legislative agenda for 1998? You help us decide. Late in November, the OSMA mailed a flier to all members announcing our successful managed-care reform effort, and included a response form asking for your ideas on legislative goals for the coming year. In addition, the OSMA is in the process of conducting a membership survey. If you receive a call requesting your participation, I urge you to take the time to answer the questions. The more we know about you and your concerns, the better we will be able to represent you, and the better our chance of reporting another successful year in 1998. The successes of the OSMA, however, depend on you. We need your input and involvement.

Su-Pa Kang, MD

So celebrate the holidays and the beginning of a New Year – but don't forget to take time to acknowledge the successes accomplished by the OSMA because, ultimately, our achievements also belong to you. By working together, we can ensure that medicine's future remains bright for health care and, most important, for our patients. ■

To update you on my recruitment efforts, I would like to acknowledge the following physicians who have joined the OSMA:

Emily L. Benekos, MD
Jeanette Clark, MD
Linda J. Dennis, MD
Matthew Dionne, MD
Ronda M. Gaiser, MD
Jonathan L. Haimes, MD
Paul W. Jones, MD
James H. Mooney, MD
Renee L. Markovich, MD
Michael J. Prokopius, MD
Robert Schmidt, MD
David Lucius Shumway, MD
James R. Stille, MD
Peter R. White, MD
Fuxiang Zhang, MD

And returning members...

Enrique Ellenbogen, MD
Timothy J. Geering, MD
Brett B. Senor, MD
Elisabeth H. Young, MD

Letters to the Editor

Interdisciplinary approach needed for pain control

I was both enthused and disappointed to read "Second Opinion" by Dr. Warren Wheeler.

Enthused because Dr. Wheeler reiterated several important points about providing pain relief with adequate opiates. He is, of course, recognized by peers as an authority on cancer pain.

However, I was disappointed by his remarks in the conclusion, "the only differences between chronic malignant pain and chronic intractable pain is the latter live longer."

This, of course, is nonsense.

Those of us who deal with chronic pain patients (most are labeled "intractable") know that pain is only a presenting complaint of a complex problem of depression, financial circumstance, personal relationships, as well as comorbid conditions, meaning of pain to the individual, among others.

To dose "nonmalignant" chronic pain patients with narcotics is to miss the major problem, as well as to inundate, nauseate and constipate persons who deserve more appropriate and propitious treatment.

One important solution is the provision of an interdisciplinary team of knowledgeable professionals who will identify and manage the many nuances of a very difficult clinical problem.

ERNEST W. JOHNSON, MD
Associate Dean for External Affairs
Ohio State University
Columbus

Health Partnership Program moves to Phase III

Despite the fact that Workers' Compensation reform failed at the polls last month, the Bureau of Workers' Compensation (BWC) is continuing with Phase III of its new managed-care initiative, the Health Partnership Program (HPP).

Regulatory Watch

Beginning Jan. 1, managed-care organizations (MCOs) will be responsible for managing the treatment of all Workers' Compensation claims, including those with dates of injury prior to October 1993. The change means that all claims will be medically managed through MCOs. Previously, MCOs managed claims from October 1993 to present and providers billed for services on pre-October 1993 claims through the bureau.

OHIO DEPARTMENT OF HUMAN SERVICES

The department continues to review the impact of Supplemental Security Income eligibility redeterminations on Medicaid eligibility. The OSMA is asking the Ohio Department of Human Services to continue funding Medicaid benefits for those who might otherwise be determined ineligible.

OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION

Proposed tuberculosis standards have been drafted by the OSHA in an attempt to prevent 70%-90% of all occupational TB cases. The proposal would cover hospitals, long-term care facilities, hospice facilities and labs that handle TB specimens, as well as workers providing emergency medical services, home health care or home-based hospice care. The standards can be found in the Oct. 17 *Federal Register*. There will be a 60-day comment period and a series of public hearings beginning Feb. 3, 1998. For more information, contact Bonnie Friedman, OSHA Office of Information and Consumer Affairs, (202) 219-8148.

MENTAL HEALTH AND DRUG- AND ALCOHOL-ADDICTION SERVICES

The OSMA has been asked to work with these departments as they rework options for delivery of certain Medicaid mental health and alcohol- and drug-addiction services. *OHIO Medicine* readers may remember that in June, the state chose a company to administer Medicaid mental health and drug- and alcohol-addiction services. The contract was thrown out by a federal judge, however, when a rival company charged that the state awarded the contract after receiving huge campaign contributions. ■

Employers to pay more for HMO premiums

Ohio HMOs suffered a loss of $18.5 million in 1996, leading the the Ohio Association of Health Plans to speculate that employers can expect to pay higher premiums of 5%-7% in the near future.

The drop in earnings has been blamed on everything from higher outpatient surgery costs to increased competition. At the same time, Ohio HMOs experienced an increase in enrollment of 19% in the state's 42 licensed HMOs, for a total of 2.58 million enrollees. ■

OSMA Calendar

The OSMA, in conjunction with the Adams Physician Advisory, has planned the following reimbursement and collection seminars.

Exploring the New Evaluation and Management Guidelines

This full-day workshop covers the new HCFA documentation guidelines for evaluation and management procedures. A workbook is included. Participants will review:

- Correctly documenting the elements of E&M codes.
- New HCFA requirements for examinations.
- Single organ system examination requirements.
- Multisystem examination requirements.

Jan. 28 – Sheraton City Center, Cleveland
Jan. 30 – SeaGate Convention Center, Toledo
Feb. 11 – Holiday Inn Eastgate, Cincinnati
Feb. 13 – Concourse Hotel, Columbus

Principles of Documentation

This full-day program will explore the various principles of documentation and recordkeeping. In this workshop, participants will learn:

- How to correct patients' charts.
- How to design and use consent and signature forms.
- What should be in an operative report.
- The rules for record retention.
- Correct documentation of E&M codes.
- Legal issues concerning record release.
- The guidelines for radiology and pathology reports.

Jan. 27 – Sheraton City Center, Cleveland
Jan. 29 – SeaGate Convention Center, Toledo
Feb. 10 – Holiday Inn Eastgate, Cincinnati
Feb. 12 – Concourse Hotel, Columbus

The Ohio State Medical Association, in conjunction with Conomikes Inc., will sponsor the following practice-management seminars.

Financial Management

In this one-day seminar you'll learn how to set your own fees and rates. Determine where you are making and losing money, and how to avoid pitfalls. Improve your collection results. The financial-management seminars are tentatively scheduled for early 1998. Watch *OHIO Medicine* for exact dates and locations.

If you'd like to register for any of these meetings, contact the OSMA's Department of Meeting Management at 1-(800) 766-6762, Ext. 136. ■

OHIO Medicine salutes six young physicians

Each December, *OHIO Medicine* and the Ohio State Medical Association like to recognize those physicians, age 40 and under, who demonstrate the best qualities of the profession. This year, we are pleased to recognize six young physicians who embody medicine's highest ideals while contributing selflessly to their profession and their communities. This group represents the best of Ohio's young physicians, a group that continues the tradition of delivering quality medical care to the citizens of Ohio. We salute them all, and think you'll agree with us that Ohio's patients are in good hands.

KENNETH BERTKA, MD


Dr. Bertka

- Director of the Family Practice Department at St. Vincent Hospital, Toledo.
- Officer of the Ohio Academy of Family Physicians.
- In charge of OAFP Medical Education Committee.

JEFFREY MARC BOORSTEIN, MD, PHD


Dr. Boorstein

- Organized and presents annual lectures to patients and physicians regarding state-of-the-art trends in the diagnosis, follow-up and management of demyelinating diseases.
- Initiated local Neuroscience Center of Excellence, bringing continuing education concerning the neurosciences to physicians and the public.
- Arranged a program with the local chapter of the National Multiple Sclerosis Society whereby patients with multiple sclerosis who are underinsured or uninsured receive the radiologic services they need.
- Donates profits from a small business enterprise to four local charities.

STEVEN B. DUFF, MD


Dr. Duff

- Chair, Department of Cardiothoracic Surgery, Riverside Hospital, Columbus.
- Pioneered minimally invasive open-heart surgery in central Ohio.
- Chair of Riverside's Open-Heart Recovery Unit Quality Assurance Committee and Vascular and Thoracic Step-down Quality Assurance Committee since 1992.
- Participates on the Heart Services Information System Steering Committee.

ROGER KRUSE, MD, AND PER GUNNAR BROLINSON, MD


Dr. Kruse


Dr. Brolinson

- Dr. Kruse and Dr. Brolinson are co-directors of a physician program for the Olympic games in Japan. Dr. Kruse will serve as head physician for the games.
- Both doctors co-direct a sports medicine fellowship in Toledo.
- Dr. Kruse is head physician for the University of Toledo athletic teams.

JAMES NORTH, MD


Dr. North

- Speaker of the House, Ohio Academy of Family Physicians.
- Officer of the OAFP, in line for the presidency.

Columbus voters receive shots at polls

Franklin County

■ Local citizens were able to get free flu shots, thanks to the Columbus Medical Association (CMA) and its health partners. "Vote & Vaccinate '97" was designed to allow area residents to cast their vote and receive a free flu vaccination at their polling site. Nurses, medical students and members of the CMA Alliance assisted at polling sites in low-income areas that have large senior populations and low immunization rates.

This year the CMA increased the number of polling sites, adjusted the hours of the program to better coincide with the schedules of senior citizen voters, and distributed "goody bags" containing health-related products. According to Elizabeth Moran, CMA communications director, the number of participants doubled.

■ The CMA Foundation is underwriting an $80,000 project to study health-care access in Columbus. Called "Access to Care," the initiative will identify the most underserved residents in central Ohio, the services needed most and the best way to deliver them. A consulting group out of Washington, D.C., will gather information on what health-care services are available in central Ohio.

Cuyahoga County

■ If you tune into WCLV, 95.5 FM, every Monday, Wednesday and Friday at 5:45 p.m, you'll hear from physicians of the Academy of Medicine of Cleveland. The physicians discuss important health-care issues and advances in certain medical specialties. The program, sponsored by the MetroHealth Medical Systems, is available for the educational benefit of Cleveland listeners.

On Dec. 1, 3 and 5, Lydia Parker, MD, informs listeners on how pulsed light and lasers are used to remove tattoos, warts and other unwanted cosmetic problems. Charles Cassady, MD, will examine the issue of medical lumps and bumps on the head and neck on Dec. 8, 10 and 12.

Hamilton County

■ If you were not one of the 200 in attendance at the Academy of Medicine of Cincinnati's Physician Unionization Program, but would like to know more about unions, you can pick up the audiotapes and handouts from the academy for $20. Place your order with Kim Herzner by calling (513) 421-7010.

Mahoning County

■ The Mahoning County Medical Society celebrated its 125th anniversary Nov. 1 with a black-tie gala held at the Butler Institute of American Art in Youngstown. The society was founded Nov. 13, 1872 and is the oldest professional organization in the city of Youngstown and in Mahoning County.

Toledo and Lucas County

■ For the first time in the history of the Academy of Medicine of Toledo and Lucas County an osteopath will be installed as president. Donald Marshall, DO, will take the oath at the academy's annual meeting Jan. 14. Dr. Marshall is past president of the Toledo Academy of Osteopathic Physicians and Surgeons. ■

How safe is your office?

How often do you talk to your employees about safety and accident prevention? Do you provide your employees with a copy of the written safe work practices? Do you track and analyze occupational injuries and illness information?

If you answered no to any of these questions, you may be paying higher Workers' Compensation premiums because of it.

As a sponsor of a Workers' Compensation group rating program for its members, the Ohio State Medical Association is required to provide information that will assist its participating practices in decreasing the number of work-related injuries and, therefore, further lowering physicians' Workers' Compensation premiums.

Employee input should always be sought when developing office safety guidelines.

As part of the effort, the OSMA has available a checklist of nine key safety parameters for use as a self-administered test of the safety practices in physicians' offices. For a copy, call the *OHIO Medicine* reader response line at 1-(800) 766-6762, Ext. 228 and ask for Item #42. ■

Coding Corner

Q: We've had to tighten our belts in our office because of managed-care reductions in reimbursement and anticipated lower allowed amounts for Medicare patients, as well as increased fees for cost-of-living and operating expenditures. Do we have to purchase the new CPT-4 and ICD-9-CM manuals for 1998, or can we just use the 1997 versions?

A: Both the CPT-4 and ICD-9-CM manuals are published every year. Each of these editions contains updated information concerning coding deletions, additions and revisions. Accurate coding is crucial for proper reimbursement, so it is essential that the most current codes be used in the physician's office as soon as possible. Most insurance companies, including Medicare and Medicaid, provide a grace period until April 1 of the new year for those codes that are affected to be

Health-care facilities selected on merit

Controversy is brewing in Cleveland over the selection of "Centers of Excellence," which excludes some area hospitals from health-care contracts. Five hospitals were selected by a Cleveland business coalition known as the Health Action Council of Northeast Ohio as the preferred providers of 22 major medical services.

University Hospital selected as a Center of Excellence.

The Health Action Council is composed of 140 large area businesses representing as many as 350,000 employees. The council made its selection from data provided by the Cleveland Health Quality Choice Program. This program releases a semiannual report card that indicates death rates on and patient satisfaction with hospitals in Lake, Geauga, Lorain and Cuyahoga counties.

The Cleveland Clinic and University Hospitals were selected as Centers of Excellence for nearly all 22 medical services. Other facilities selected include PHS/Mt. Sinai Medical Center and Columbia/St. Vincent Charity Hospital. MetroHealth Medical Center received the only designation for burn-care services. In addition, 14 other hospitals were named semifinalists for the designation "Centers of Excellence."

More than 30 hospitals participate in the Cleveland Health Quality Choice Program. ■

Software helps payors ferret out fraud in provider bills

A Cleveland company, Dhrystone Systems, Inc, is marketing software to insurers and other health-care payors that's designed to search out fraud and abuse in provider bills.

Dhrystone's Fraud and Abuse Software system detects overbilling, false procedures and diagnosis, duplicate services and false ambulance trips, according to an article in an August issue of *Crain's Cleveland Business*. The system is marketed only to payors, not to physicians or hospitals. The same company also sells software that helps payors audit health-care claims.

According to the National Health Care Anti-Fraud Association, 3%-10% of the nation's health-care expenditures are the result of fraudulent claims, and the Office of the Inspector General for the Department of Health and Human Services concluded, after an audit of the Medicare program, that about $23 billion was overpaid to physicians and other providers. ■

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Holzer Clinic 11	Ulmer & Berne 11
Kentucky Medical Insurance Co. 12	

Obituaries

ALFRED A. GOLDEN, MD, Arizona, Washington University School of Medicine, St. Louis, 1938; age 89; died Oct. 1, 1997.

DONALD H. GUYTON, MD, Springfield, Case Western Reserve University School of Medicine, Cleveland, 1946; age 76; died Oct. 7, 1997.

HOWARD W. HEYWOOD, MD, Dayton, Northwestern University Medical School, Chicago, 1942; age 82; died Oct. 11, 1997.

JOHN MOHAN, MD, Cincinnati, George Washington University School of Medicine, Washington, D.C., 1937; age 83; died Oct. 5, 1997.

PREDRAG NASTASIC, MD, Palm Beach, Fla., Medicinski Fakultet Univ u Beogradu, Beograd, Yugoslavia, 1951; age 73; died Oct. 20, 1997.

RAYMOND J. TILLE, MD, Findlay, Georgetown University School of Medicine, Washington, D.C., 1943; age 80; died Sept. 21, 1997.

ALFRED L. WEINER, MD, Cincinnati, University of Cincinnati, 1936; age 86; died Oct. 20, 1997.

CHARLES W. WILSON, MD, Marion, University of Virginia School of Medicine, Charlottesville, VA, 1946; age 74; died Oct. 10, 1997. ■

Christmas sharing card will benefit AMA-ERF

Alliance Roundup

State Alliance members are spreading holiday cheer and fund-raising at the same time. Members are participating in the AMA-ERF Christmas sharing card. Any alliance member can have their name added to holiday cards for a $10 minimum donation. All proceeds will go to the AMA-ERF.

■ Traveling Show

A team of Alliance experts are hopping on the "County Caravan." Alliance board members and executive committee members are traveling throughout the state providing education information to county members. "This is a way for us to get out and meet out membership," says OSMA-A President Denise Kneisley. A variety of topics are covered, depending on the county's request. So far, programs have included legislation topics, domestic violence, the SAVE program, and membership recruitment and retention. The Alliance caravan has visited Miami, Lima and Lawrence counties and have another five counties slated for early 1998.

■ Unplugging Violence

More than 65,000 "Unplug the Violence" bookmarks were distributed by county alliances on Stop America's Violence Everywhere (SAVE) Day in October. The Alliance has reordered 25,000 additional bookmarks to fill county requests. Call Deborah Blackwell at the OSMA, 1-(800) 766-6762, Ext. 403. Lucas County raised more than $31,000 at their "Play For SAVE" event. ■

Bills focus on hepatitis C, protective bicycle helmets

Sen. Grace Drake (R-Solon) has introduced a bill that brings public awareness to a growing public health problem, hepatitis C. Senate Bill 183 would designate October as "Hepatitis C Awareness Month" for the purpose of raising discussions about the disease and educating Ohioans about its treatment and prevention. The measure is supported by the Ohio Department of Health, the Ohio Academy of Family Physicians and the Hepatitis C Action Task Force in Columbus, among others.

Also in October, Sen. Drake participated in a bike-helmet rally held at the Statehouse in support of Senate Bill 143, which she also sponsors. The bill requires children under 18 years to wear protective helmets when operating a bicycle and establishes a fund to assist low-income families in the purchase of protective helmets. Gary Smith, MD, a Columbus pediatrician, helped to organize the rally. ■

Those under 18 are now required to wear protective helmets when operating a bicycle.

Anthem lawsuit in court

By the time you read this, the suit that Cincinnati physicians have brought against Anthem Blue Cross and Blue Shield will have been heard in court. Attorneys for the insurer were scheduled to present a request to dismiss the suit on Nov. 13. In January, *OHIO Medicine* will present the attorneys' arguments as well as the court decision. This article serves as a follow-up to the November article, which described the arguments presented on behalf of the physicians filing the suit. ■

OSMA opposes legislation that would mandate CME

Physicians would be among the professional groups required to take a four-hour training course in recognizing child abuse and neglect if House Bill 289 passes the Legislature. The measure, sponsored by Rep. Amy Salerno (R-Columbus), is opposed by the OSMA.

Bill proposes training physicians to identify child abuse.

Instead of the one-time training course, the bill would allow physicians to choose a continuing medical education (CME) course in recognizing signs of child abuse. The State Medical Board of Ohio would also be able to exempt physicians who do not treat children in their practices.

Doctors would have three years from the effective date of the bill to complete the training.

Although the bill mandates training instead of CME, the OSMA has policy against any legislation that tries to mandate CME on any specific subject. ■

Who's holding the other end?

Feeling a bit vulnerable? That's understandable. Although most any insurance company can protect you against financial loss, very few are dedicated to protecting your most important asset — your reputation.

The P·I·E Mutual Insurance Company has always done one thing flawlessly: kept all of its promises to physicians.

We've always provided a vigorous malpractice defense where others would have settled — and compromised your reputation and career. Always fought on your behalf for tort reform when others simply withdrew from the market. Always upheld our mission as a true, not-for-profit medical liability insurer, putting every dollar to work for our member-insureds.

Would you like to put 22 years of unmatched expertise on your side? Take a few minutes to obtain more information. No strings attached.

Call 1-800-228-2335 for the name of a representative.

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